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THE CAROLINA
JOURNAL of PHARMACY

JANUARY 1981 VOLUME 61 NUMBER 1

Mrs. Carl T. Durham presenting a portrait of her late husband to the UNC School of Pharmacy. Left to right; Dean Tom S. Miya; Fred M. Eckel, program moderator; Mrs. Durham; Mrs. Joyce Gossett, portrait painter and stepdaughter of Mr. Durham. Photo by Hollowell

Story on Page 24

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JANUARY 1981 VOLUME 61 NUMBER 1

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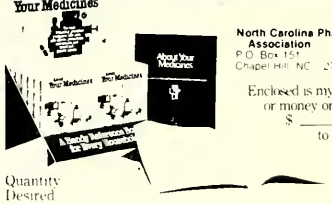

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FOUNDER OF THE NCPhA

from the Wilson Daily Times

(Information for this article was obtained from a paper written by Hugh B. Johnston, Atlantic Christian College archivist.)

This year, as the N. C. Pharmaceutical Association celebrates its 100th anniversary, the name of a Wilson druggist is being salvaged from the pages of history.

Edward Morse Nadal, who operated a wholesale and retail drug store on Tarboro Street, instigated a meeting in Raleigh Aug. 11, 1880, at which the N. C. Pharmaceutical Association was formed and Nadal was elected its first president. The association began with a letter Nadal mailed to colleges throughout the state May 17, 1880.

In the letter, Nadal aroused the state's druggists to form an association that would advise the legislature on the licensing of druggists. The complete text of the letter is as follows:

Dear Sir:

Seeing that the N. C. Medical Society has appointed a committee "to memorialize the Legislature upon a law requiring that Druggists shall have a license from the State Board of Medical Examiners as a requisite qualification for dispensing Medicine," and recognizing the necessity for some law upon the subject, we have taken the liberty of addressing you and asking your views.

We think the next Legislature will pass some law upon the subject, and we prefer that the Druggists of the State, and not the Doctors, shall attend to the matter.

For the above and other reasons, we propose that the Druggists of the State meet for the purpose of forming a Pharmaceutical Association, and then memorialize the Legislature ourselves.

We believe all that is needed is for somebody to put the ball in motion, so we have presumed to give it a start. We would suggest on or about August 10th or 11th as the best time, and Morehead City, Wilmington, Raleigh, Goldsboro, Greensboro or Charlotte as the best place.

If you will address us stating your views and the place you prefer, we will have the time and place published and try to be there and help to perfect an organization.

The place receiving the approval of the greatest number will be selected. Hoping to hear from you by return mail, if possible.

We remain, yours very truly, MOYE & NADAL, A. W. ROWLAND, PEACOCK & HARGRAVE

Nearly 100 druggists met at 10 a.m. in the Senate Chamber in Raleigh with S.J. Hinsdale of Fayetteville presiding. Nadal was elected unanimously to the post of president of the new association. The association subsequently presented Nadal with a sterling silver service that is now in the hands of his only grandson and namesake, Edward M. Nadal of Wilmington.

On April 27, 1881, Governor Thomas J. Jarvis appointed Nadal to membership on the North Carolina State Board of Pharmacy, and at the second meeting of the new Association on Aug. 9, 1881, he served on the Committee on Pharmacy Law. On March 12,1881, the N. C. Pharmaceutical Association had been incorporated under an act of the General Assembly and the name of Nadal headed the six registered pharmacists who represented "a body corporate" of the same.

At the annual meeting on Aug. 9, 1882, Nadal was chairman of the executive committee, served on the committee on education, was appointed a delegate to the S. C. Pharmaceutical Association, and was on the Board of Pharmacy.

On Aug. 8, 1883, still on the Board of Pharmacy, Nadal was one of a committee of three appointed to confer with a committee of the N. C. Medical Society "in regard to dispensing poisons." On Aug. 13, 1884, he was again chairman of the executive committee and was still active on the Board of Pharmacy and the committee on education. By this year E. M. Nadal & Co. Drugs, was becoming a familiar landmark at the northwest corner of Nash at Tarboro Street in Wilson.

Nadal continued to serve in various capacities at the state level and was appointed in 1888 as a delegate to the American Pharmaceutical Association.

The following obituary appeared July 22, 1896:

MAJ. EDWARD MORSE NADAL

Was born at Washington, N. C., October 2, 1843, and died at Wilson, N. C., April 13, 1896.

He was one of the originators of the North Carolina Pharmaceutical Association, was its

(Continued on Page 6)

Founder . . . cont'd.
first President and member of the Examining Board for a number of years. A good man and useful citizen has gone to meet his reward.

In his will, probated April 16, 1896, Nadal left his estate to his wife, Sarah M. Nadal, and his son, Ernest F. Nadal. Each got half the life insurance policies proceeds; Mrs. Nadal received two houses and lots on Greene Street, one share in the National Bank of Wilson, and the household goods. The son received half the life insurance proceeds and the stock of "my store on Tarboro Street."

This memorial was found in "The Wilson Advance" of April 16, 1896:

A GOOD CITIZEN GONE

After as brave a fight as mortal ever made for life, Major E. M. Nadal died Monday afternoon at 15 minutes to 7 o'clock.

Major Nadal had just before his sickness received his commission from Governor Carr, as Major of the Second Regiment. He died as he lived, a brave, generous man. Honest in all the walks of life, true to his friends, and devoted to the best interests of the community, as he understood them, Major Nadal is widely known throughout the State as a prominent Druggist and Mason. His battle for life lasted about three weeks. Without the slightest tremor, he calmly discussed the probability of his recovery and after weighing the chances faintly held out by an operation decided, as he expressed it, to take the one chance in ten. Those were the fearful odds under which he submitted to an operation for peritonitis.

His was the directing hand that has successfully guided the Wilson Home and Loan Association to its present prosperous condition. He was a member of the Commandery Knights of Honor, Supt. Presbyterian Sunday School and Secty. and Treas. of Wilson Home and Loan Association. All trusts imposed by them have been efficiently and faithfully discharged.

He leaves to mourn his death and cherish his memory a devoted wife and son, a mother and uncle and the family of Mrs. Nadal, all of whom seem in their devotion to have belonged to his immediate family. His death has cast a gloom over the place and his virtures are on the lips of all men. Major Nadal was buried

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from the Presbyterian Church yesterday at 10 o'clock.

The services of the church were read by Rev. James Thomas. At the grave the beautiful and impressive burial service of the Knight Templars was read. The remains were followed to the grave by Wilson Commandery of Knight Templars, Wilson Light Infantry, Presbyterian Sunday School and citizens.

These obituaries leave out some details of an illustrious life. Born Oct. 2, 1843, at Washington, Nadal was the only child of Capt. Peter Edward Nadal and Sarah Morse Nadal. He arrived in Wilson about 1858 with his mother and stepfather.

Josephus Daniels mentions Nadal in "Tar Heel Editor": "As a boy he had attended Horner's School at Oxford and ever after he believed that "Old Jim Horner" was the greatest teacher the world had produced—Upon the outbreak of the war in 1861 Cousin Ed had left school to enter the Confederate Army."

Nadal enlisted at Wilson May 14, 1862 in the Wilson Partisan Rangers under Capt. Joseph J. Lawrence. This group eventually became Company F, 16th Battalion of N. C. Cavalry and participated in the Aug. 18-19 Battle on the Petersburg and Weldon Rail Road.

By now a servant, Nadal was captured by the enemy at Fort Harrison Sept. 30 and was soon incarcerated in the overcrowded Federal Military Prison at Point Lookout, Md. Paroled Feb. 15, 1865, at Boulware's Wharf on the James River, Nadal received his parole from the Federal Army stationed at Goldsboro after the surrender of Generals Lee and Johnston.

"After the war," Daniels wrote, "he had joined the Klu Klux Klan—and didn't need much (encouragement) to tell of its exploits and the reason for its existence—He was an ardent Confederate, always believed the South had a right to secede, and in Reconstruction days he was an ardent Democrat."

The July 7, 1870, census shows Nadal residing with Professor and Mrs. James B. Williams and teaching in the Wilson Male and Female Institute. He was the Wilson County surveyor 1874-78, during which time he surveyed the Maplewood Cemetery, and the 1876 catalog of the Wilson Collegiate Institute listed him as professor of mathematics. At about the same time, according to Daniels, Nadal was the sole teacher in "the free school," which was held about five weeks in the summer in an abandoned carriage factory. It was reportedly the only schooling the poorer children received.

Without mentioning any date, Daniels has recorded that Nadal had an interest in a drugstore and later abandoned teaching for pharmacy.

That soldier-teacher-surveyor-druggist later put aside his earlier vocations. The N. C. Pharmaceutical Association is the result.

VA CONTRACT CHANGE

The Veterans Administration has unilaterally changed the VA prescription program effective Jan 1, 1981. New "working agreements" were mailed prior to Christmas, in which the dispensing fee for STAT only prescriptions was set at $2.68, plus Red Book cost. No maintenance medication may be billed to VA. Many pharmacists are displeased with this abrupt change in the program. If you write VA about this change, please send a copy of your letter to NCPhA, and it will be used in talks with our congressional delegation about this matter.

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HHS PRESS RELEASE

December 15, 1980

Strong, prescription drugs have been found in so-called Chinese Herbal Remedies marketed across the country, and there has been a death associated with their use, the Food and Drug Administration warned today.

FDA said its laboratory tests have shown doses of indomethacin, an anti-inflammatory agent with many serious side effects; hydrochlorothiazide, a potent diuretic; and chloriazepoxide, a tranquilizer, in these products.

The labels on the products list only herbal contents.

FDA is asking state and local officials, the U. S. Customs, U. S. Postal Service, and the State Department for help in destroying existing stocks of these products, and preventing them from entering the United States and keeping them from unsuspecting consumers.

In August, FDA's Atlanta District Office received a report of the death of a 70-year-old woman who had been taking the herbal remedy "Chuifong Toukuwan." She was reported suffering from rheumatoid arthritis. The product was received through the U. S. Mail from the Sun Wuen Trading Co., LTD., 44 Lee Chung St., Sze Hing Loong, Industrial Bldg, 9th Floor, Flat B, Chaiwan, Hong Kong.

FDA's investigation has revealed that the "Chuifong Toukuwan" taken by the deceased contained indomethacin.

In October, FDA received a report from New York of major side effects in another user of "Chuifong Toukuwan." The "Chuifong Toukuwan" in the New York case contained Hydrochlorothiazide.

FDA's subsequent nationwide investigation revealed that "Chuifong Toukuwan" (sometimes spelled differently) originates from several sources and is available throughout the United States. The products usually come in VIA Air Mail in small shipments to health-food stores, oriental food stores, and novelty shops and occasionally peddles door-to-door directly to the consumer.

They are hard, round black or brown pills, approximately ¼ inch in diameter. They are packaged in cellophane bags of 60 each and in glass bottles, all of which may be enclosed in bright colored blue, green, orange, or gold cardboard boxes. Pictures appear on these boxes depicting men and women suffering back and leg pains.

Analysis of these products by FDA laboratories in Atlanta, Dallas, Los Angeles, New York and Philadelphia disclosed Lead and Cadmium, as well as Indomethacin and Hydrochlorothiazide. A private laboratory in the Boston area found Indomethacin and Chloriazepoxide in the pills it analyzed.

The labeling for the "Chuifong Toukuwan" may or may not contain English. Typical English labeling suggests the products for Arthritis, osteoarthritis, Rheumatism, Headache, Anemophobia (Fear of high winds), Paralysis, Back Neuralgia, Bone Pain, Acute or Chronic Neuralgia and other pain caused by Rheumatism. Only herbal ingredients are listed. Besides Sun Wuen's "Chuifong Toukuwan," the herbal remedies tested and found to contain prescription drugs are the "Long Life Brand Nan Lien Chuifong Toukuwan" and "Long Life Brand New Formula Chuci Fong Tou-Gu Wan" made by Nan-Lien Pharmaceutical Company of the same Hong Kong address as Sun Wuen, and the "Shou Sing Brand Chuifong of the Toukuwan" Shou Sing Pharmaceutical Co., Taipei, Taiwan.

In 1974, "Chuifong Toukuwan" and similar products were involved in one death and hospitalization of three other persons in the San Francisco area. There was also one hospitalization in Minneapolis. At that time an FDA investigation and laboratory analysis disclosed that the pills used contained Phenylbutazone and Aminopyrine. Additional drugs found in 1974 were Methyltestosterone, Prednisolone, Diazepam, Chlorozoxozone and Acetaminophen.

Note: Chuifong Toukuwan is pronounced "Chewy-Fong Too-Koo-Wan."

Our investigations to date have shown that "Chuifong Toukuwan" may be found in health food stores, oriental drug stores and other locations that may be associated with Chinese and/or other oriental communities.

Any assistance you can give us in causing these products to be removed from the market place will be appreciated.

Should you need further information on the subject, please contact the FDA District office in your area.

Kaelyn E. Boner
Ohio Northern University

Sharon M. Emanuel
University of Nebraska

Carol Fowler
University of Oklahoma

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University of South Carolina

Remember the summer of '80?

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And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '80.

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Scotland Drug Company
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Mr. Richard P. Price, Ph-Mgr.
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Mr. G. Thomas Winters, Ph-Mgr. T/O

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Earl, NC 28038
Mr. O. Randolph Moore, Ph-Mgr.
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208 N. Main Street
Warrenton, NC 27589
Ms. Linda Blackburn, Ph-Mgr.
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McKETHAN DRUG STORE DISPENSES OLD CHARM AND WONDER DRUGS

from The Fayetteville Observer, by Lucile Johnson

The 100-year-old McKethan Drug Store is housed in a building about 150 years old.

The building in 1838 was the property of A. D. Moore of New Hanover County. During the same year, Rebecca Moore was given power of attorney to dispose of it. In 1839, it was transferred to John Kelly, one half part, and the other half to Edward Lee and Warren Winslow. Eventually all was owned by John Kelly. He willed it at his death to John K. McGuire Sr., and at his death he willed it to his two sons, Hugh and John McGuire.

In 1875, Hugh McGuire sold this same property located on South Person Street, measuring 39 feet and four inches, running to the corner of Market Square, to Edwin Turner McKethan. The lot held "two stores, a warehouse and a backyard." "There was a well in the yard which made it a popular place in that day.

It is believed that McKethan at this time remodeled the building much as it is today. It is a three-story building and has a mansard roof supported by fashionable brackets. The windows have four panes to a window. (This style architecture is similar to that of the mansard roof house on Mason Street, built around 1883.)

From this day in 1875, the building, built of brick covered by stucco, has been known as the McKethan Building.

A picture owned by Quincy Scarborough shows that the building had on the third floor a meeting place for the Fayetteville Independent Light Infantry and on the second floor library reading room. On the first floor was a drug store.

The drug store in 1889 was that of Bond English Sedberry. His son Clarence Deming Sedberry was associated with him. The exact date that he established his store in the McKethan Building has not been determined, but many items in the store today indicate several years earlier than the date on the old picture, 1887. The old ledger books holding prescriptions in consecutive order by number list the earliest date of 1883.

Bond E. Sedberry was born in Fayetteville in 1840, the son of Henry Birdsong and Martha Theodosia Fletcher Sedberry. After serving in the Confederate Army until 1865, he took a course in pharmacy and for a period worked in the drug store of Dr. S. J. Hinsdale. This drug store was sold to J. B. Broadfoot in 1884. It was located on the corner of Gillespie and Hay Streets (old Souders Drug Store).

In 1901, the death of Bond E. Sedberry is recorded, and his sons continued in the business until Clarence D. became ill and had to retire from business. Styles Sedberry may have continued in this location for several years, but Mrs. H.M. McKethan remembers going to his drug store called the "Palace Pharmacy" when very young to get ice cream. This location was on Person Street, but several doors down the street. In 1923 Styles Sedberry moved to Rocky Mount.

As to the year that the McKethan Drug Store was established, we believe it was around 1901. Edwin Turner and Janie Wright (Robeson) McKethan were the parents of four sons. His death is recorded in 1888, and in 1901 Janie divided this McKethan Building property into fifths. The sons were Edwin Robeson, who became an attorney; Alfred A., who graduated from the U.S. Naval Academy in 1895 and remained in the Navy until after the Boxer uprising; John Alexander, a physician who no doubt had an office in this building; and David Gillespie, the youngest who following graduation at Davidson College entered the Medical College of Virginia where he graduated. In 1903, David married Ellen Hale Underwood, then went to Florida to practice medicine.

During the troubled period prior to World War I, Lt. Cmdr. Alfred A. McKethan was called back in service of the Navy. This may have been the determining factor in bringing Dr. David G. McKethan back to Fayetteville. A cousin, Hector McAllister McKethan, who had worked in the Sedberry store when a young boy, was now graduated from Davidson College and the School of Pharmacy in Greensboro and came back to McKethan Drug Store as a pharmacist. The "Formula Book" kept by him with his name and the date 1912 on the fly leaf, proves this fact.

H. M. McKethan was married in 1913, and after about 10 years he went into the auto parts business, but remaining is his formula

(Continued on Page 15)

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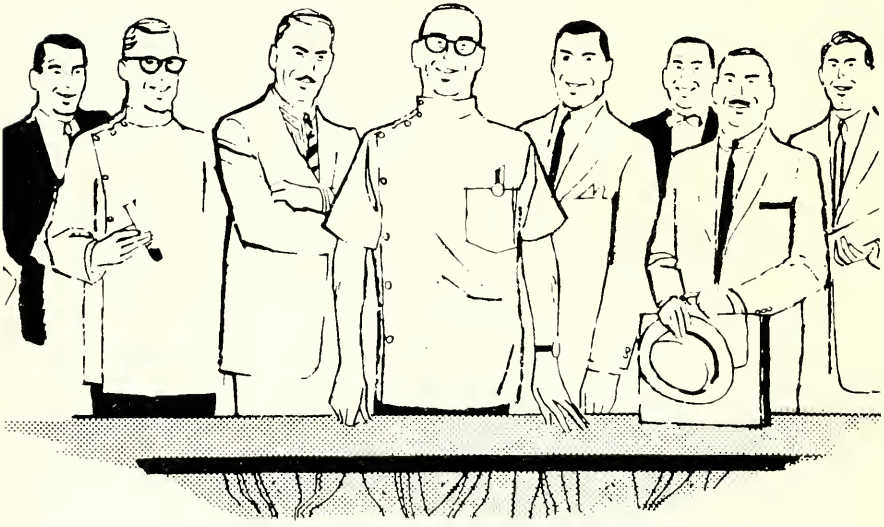

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book and from this comes two nice formulas:

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McKETHANS BAKING POWDER
Potassium Bitartrate
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Cornstarch
(The percentage of each was given.)

It can be concluded that Dr. David in partnership with his brother-in-law, Hamilton Polk Underwood, took over management of this store certainly in 1914 or 1919. That year Lt. Cmdr. McKethan died, and this same year the mother Janie McKethan died.

In 1924 is found the following advertisement:

McKETHANS DRUG STORE
"On the Square" Phone 331

We appreciate your business
D. G. McKethan H. P. Underwood
A. L. Moir

Today, the son of Hamilton Polk Underwood and the nephew of Dr. and Mrs. David G. McKethan, Hamilton Polk Underwood Jr., is the proprietor and pharmacist of this historic drug store located "on the square." He is assisted by Dan Seckler, pharmacist.

As we walked in the store this past week, the door was open and the old ceiling fan overhead made the store delightfully cool. All shelves were filled with drug store items, and the soda fountain was well arranged with drinks, ice cream and sandwiches and candies etc. Hanging appropriately above the counter was the Grade A certificate from the Health Department. A friendly atmosphere was evident.

Walking back to the prescription counter, we found chairs for one to rest while waiting.

Fayetteville is fortunate to still have a drug store that carries the "wonder drugs" and yet maintains the charm of an old drug store.

(Mrs. Johnson is a local historian whose stories about interesting people and places of the past are featured monthly in the Observer-Times.)

RECENT GRADUATES BECOME NUTRITIONAL SUPPORT SERVICES FELLOWS

The ASHP Research and Education Foundation recently created its first nutritional support services fellowship, and its first two fellows are our graduates.

Mark Hohenwarter ('78) of Charleston, SC and Beverly Holcombe ('79) of Memphis TN were named by the Foundations five-member Selection Panel to begin their fellowship in July 1981. The Foundation's Fellowship in Pharmacy Nutritional Support Services is funded by Travenol Laboratories, Parental Products Division, and offered in cooperation with the ASHP Special Interest Group (SIG) on Intravenous Therapy.

Hohenwarter, will receive his Pharm.D. next year from the Medical University of South Carolina, Charleston. He will serve his fellowship under the preceptorship of Tim Vanderveen, Pharm.D., at the university's hospital.

Holcombe will complete her Pharm.D. degree at the University of Tennessee College of Pharmacy in June 1981.

She will conduct her fellowship at the University of Tennessee Center for the Health Sciences in Memphis with preceptor Timothy Sykes, Pharm.D.

Travenol Laboratories has earmarked a $47,000 contribution to the Foundation to fund the fellowship program.

CAREY JOINS JUSTICE DRUG

Ronald E. Carey, Princeton, W. Va., has been transferred to Greensboro as Vice-President and Manager of the Justice Division of Strother Drug Company, announced J. C. Klein, President, Strother Drug. Carey came to work for Strother Drug Company in the Lynchburg Division about thirty years ago. He began as an order clerk, was promoted to the telephone sales department, then the outside sales department in the south-central section of Virginia. He was promoted to Manager, Princeton, West Virginia, Division September 1, 1971. On May 15, 1973, he was elected Vice-President and Manager of the Princeton Division and was elected to the Board of Directors of Strother Drug on July 26, 1979.

William P. "Bill" Brewer will remain as Vice-President and Sales Manager of the Justice Division. Bill has been associated with Justice Drug since 1946.

LOCAL NEWS

GREENSBORO

The Guilford County Society of Pharmacists held its regularly scheduled monthly meeting on Tuesday, January 13, 1981 in Room 221, Kiser Building, Wesley Long Community Hospital. Guest speaker for the meeting was Dr. Phillip Toyama, a Greensboro physician that practices acupuncture and pain rehabilitation, and his discussion of this subject proved most interesting and informative.

In the business session following the program, the nominees for new officers for 1981 were approved and elected as follows:

President ..... Arnie Cherson
Vice President ..... Gardner Mann
Program Chairman ..... Peter Gal
Sec.-Treas. ..... Frank Burton

Outgoing President David Wheeler was given a round of applause for a job well done over the past year. It was also noted that the change of meeting date from Wednesday to Tuesday night resulted in several new faces in attendance and these folks were recognized and encouraged to return again. There being no further business, the meeting was adjourned.

FAYETTEVILLE

The Cape Fear Pharmaceutical Society met on Tuesday, January 20 at the Hamont Grill in Fayetteville. Eleven members were present, with Mr. Al Mebane, guest speaker.

The membership voted to continue meeting on the third Tuesday of each month at 8 pm at the Hamont Grill. Election of officers was held: President—Tom Nicholson, Vice-President—Will Harry, Secretary—Loni Garcia, Treasurer—Hunter Smith.

Mr. Mebane inducted Radford Rich into the Academy of Pharmacy. Mr. Mebane then presented the proposed Pharmacy Practice Act as it will be presented to the legislature. He encouraged our involvement in legislation affecting our profession and presented several helpful suggestions as to how we can get involved.

LENOIR-GREENE-JONES

The Lenoir-Greene-Jones Pharmaceutical Society was honored to have as its speaker in January Dr. Tom S. Miya, Dean of the UNC School of Pharmacy. Dean Miya spoke on the Pharm.D. Program, the P. D. designation, the revisions of the Pharmacy Practice Act, and the improvements being made at the School.

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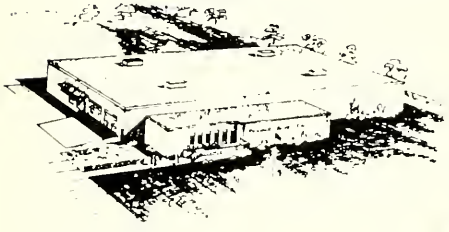
It says it on our trucks, and it's true. "Kendall's Going Places!" In fact, more and more places all the time. As druggists in North Carolina and beyond discover our service and facilities, they like it. And our Customer Retail Service Package is an extra bonus. Want to know more? It's as close as your telephone.



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President

Gordon G. Hamrick
Vice President

KENDALL DRUG COMPANY
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Dean Miya was presented a check for $100 on behalf of the Lenoir-Greene-Jones Pharmaceutical Society to be designated for Research Foundation. Accompanying Dean Miya was Mr. Claude U. Paoloni, who is the coordinator at the School for the AHEC and C. E. programs.

Julian Baker, director of pharmacy services at Cherry Hospital in Goldsboro, made a brief presentation on a program to remove medication from the mental health center. The patient would in turn receive his medication from a participating pharmacy which would in turn bill the mental health center. It was also decided to investigate reports of the local emergency room dispensing drugs 24 hours a day instead of only at night as it is supposed to be set up.

FIFTY-PLUS CLUB

The NCPhA is trying to locate members of the Association who were first licensed in North Carolina in 1931 or who were first licensed in another state in 1931 and later reciprocated to this state. These people are eligible for induction into the Fifty-Plus Club of the North Carolina Pharmaceutical Association and will receive a fifty-year pin and certificate at our Annual Convention to be held in Charlotte in April. If you know of any NCPhA member who qualifies, please notify this office immediately.

WAKE COUNTY

The December meeting of the Wake County Pharmarmaceutical Association was held December 2nd at the AHEC Auditorium. Dr. Jean Paul Gagnon presented a program on "Motivating Personnel to Performance", to the thirty-five members and guests present.

National Poison Prevention Week
March 15-21, 1981

PHARMACISTS ASSN. OFFICERS—New officers of the Wayne County Pharmacists Association are installed by Al Mebane, executive secretary of the N.C. Pharmaceutical Association. From left: Frank Raper, president; Michele Mathews, vice president; Jane Melin, secretary-treasurer; Larry Coor and Julian Baker, co-chairman of the program committee; and Mebane. (Staff Photo by Bill Futrelle)

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HISTORICAL NOTES

From The Chapel Hill Historical Society

Senter's Drug Store, Carrboro

Since early in this century, Carrboro has had a drug store and only one at a time. The first druggist was a Mr. Merritt, called "Sampy" whose emporium was the first store west of the railroad tracks on the south side of Main Street.

In 1933 when Plennie Lloyd Senter opened his drug store on the site of the present NCNB Carrboro branch office Mr. Merritt was elderly and soon retired.

The senior Senter was a native of Harnett County and graduated from the UNC School of Pharmacy in 1921. He then moved to Raleigh and began business as a druggist. He had married Molly Morgan of Harnett County and they had a son, Lloyd Morgan Senter, born in 1918. In those days the pharmacy course lasted only one year.

Earlier, the NCNB branch had been located where Metrolease is now. They moved to the present location in the late 1940s, thus displaced Senter, who built a store at 106 E. Main Street where the store remained. By that time Lloyd Morgan Senter had joined his father as a druggist.

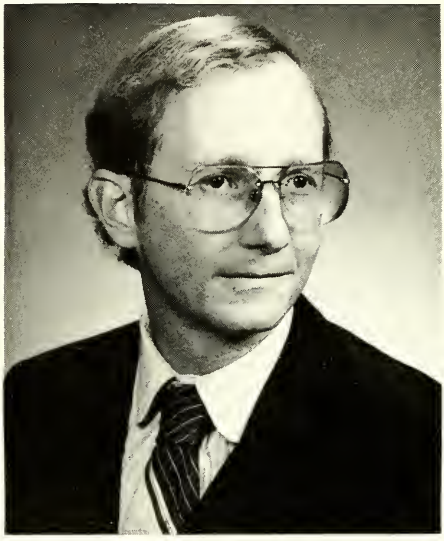
Lloyd was born in Wake County. When he was young, the family moved to Raleigh where he attended public schools. In 1933 the move to Carrboro resulted in his transferring to the local schools and graduating from Chapel Hill High School in 1936. He followed his father's footsteps, attended the UNC School of Pharmacy and graduated in 1940. At that time he joined the Senter Drug Store until World War II when he spent three years (1942-1945) in the U. S. Navy. At the war's close he rejoined his father. Plennie died in 1969, but Lloyd carried on the business until his retirement in 1977.

Lloyd Senter married Thelma Durham of Carrboro whose father, Floyd, was employed by the Durham Hosiery Mill. The Senters have three boys.

There have been many changes in pharmaceutical practices witnessed by Senter. Decades ago, in small towns, many doctors prepared and dispensed their own medicines. That was not quite the case in Carrboro, perhaps because the village had such a skilled pharmacist. Therefore, doctors wrote many prescriptions for Lloyd to fill. These had to be mixed "from the gound up," the ingredients assembled and combined. Much skill was required in filling prescriptions, especially those medicines in liquid, ointment or capsule form.

—Ralph M. Watkins

Editors note. Senter Drug Store closed October 17, 1978.



John B. Tourtelot has been assigned to the Burlington territory for The Upjohn Company. He recently completed four weeks of training at The Upjohn Company Learning Center in Kalamazoo, Michigan. John is a pharmacy graduate of Southern School of Pharmacy—Mercer University.

NCPhA Convention
April 26, 27, 28, 1981
Radisson Plaza, Charlotte.

Watch for details in next issue of the Carolina Journal of Pharmacy.

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BREAK-INS AND ARMED ROBBERIES

NEW BERN

Over $1,000 in cash was stolen from Scotties Drug Store Saturday, December 6. The money was taken from the rear of the store but no damages were reported to the building.

NEWTON

Medical Village Pharmacy was the scene of an armed robbery just before 8 pm Monday, December 1. A lone gunman took controlled substances and other drugs, threatening pharmacist Ronald Shoals with a small pistol.

THOMASVILLE

Mann's Drug No. 1 was robbed Thursday, November 27 by an armed man demanding drugs. The robber entered the store about 4 pm Thanksgiving, pulled a small pistol and demanded Percodan, morphine and methaqualone from pharmacist James Baldwin. He left the store with a bottle of Percodan and was followed by two store employees. When the robber realized he was being followed, he fired a shot at the two men.

BLOWING ROCK

Blowing Rock Hospital Pharmacy was broken into Wednesday, November 12 and about twelve hundred doses of narcotic drugs were taken, according to police. The investigation is continuing.

SYLVA

A large quantity of drugs were taken from Eastgate Pharmacy over the weekend of January 9-11. Burglars entered the pharmacy by jimmying the front door lock. The alarm system was not turned on because it was not working properly. Included in the list of missing drugs were Dilaudid, morphine, Demerol and cocaine.

CARY

Mitchell's Drug Store was entered Thursday night, January 12 and cash and drugs totalling $150 were taken. Entry was gained through the roof of the building.

SHELBY

Shelby police have issued a nationwide bulletin in efforts to find an Eckerd Drug employee who allegedly embezzled over $50,000. A warrant charges the employee, a former assistant manager, took $56,441.86 in receipts from the store over the period December 15 through December 21, 1980.

FIXTURES FOR SALE

Fixtures for 1500-square foot store available. Streeter gondolers—one year old. Rx shelving—like new. Balance, cash register, adding machine, Rx dept. equipment, wrapping counter. Contact Norman Bowen, Roxboro, 919-599-1188, or Al Cole, 919-599-2172.

PCS UPDATE

American States Life; Plan #207
Fee from $2.50 to $2.80

The Armour Company; Plan #097
Fee from $1.90 to $2.50

Armstrong Rubber Company; Plan #041
Fee from $2.25 to $2.60

Edgecomb Metals; Plan #312
Fee from $2.50 to $2.80

Massachusetts Mutual Life; Plan 203 & 308
Fee from $2.60 to $2.90

Pacific Life Insurance Co.; Plan #134
Fee from $2.75 to $3.05

The Bankers Life; Plan #240
Fee from $2.68 to $2.80

Pilot Life; Plan #327
Fee from $2.50 to $2.80

Equitable Life Assurance Society;
Plan #300 & 310
Fee from $2.70 to $2.80

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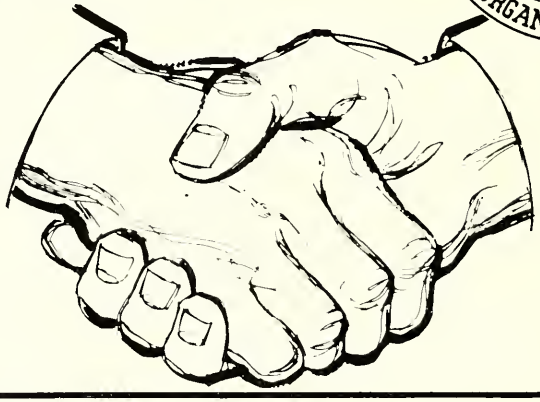

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DEAN'S MESSAGE

CREATIVITY IN EDUCATION

. . . "tired, living on the intellectual legacy of the past" was the criticism aimed at colleges and universities by Ernest L. Boyer, President of the Carnegie Foundation for the Advancement of Teaching, at the Library of Congress symposium on creativity. Boyer accused academic leaders of "frequently being consumed by process and preoccupied with the politics of management of education." I would add to this "how true." Much of this is because of the many rules and regulations with which universities must comply.

Boyer goes on to say that universities must bear a measure of the blame for confining creative thought. He said rhetorically, "Does the very organization of academic life into disciplines and departments discourage certain lines of inquiry and prohibit the asking of bold creative questions?"

The UNC School of Pharmacy is attempting to counter the parochialism of the organizational units in a variety of ways. Certainly, one is the encouragement of multidisciplinary research endeavors. Another which is worth mentioning is the development by Fred Eckel and his group of a Pharmacy Grand Rounds presentation open to all faculty and students, a forum for in-depth inquiry and questioning and problem finding. According to Boyer, creative people are "problemizers," people who find problems. Creative solutions would then follow.

I am hopeful that we can keep up the momentum of some of the things the faculty are doing. Academia, as well as all facets of society, is getting increasingly competitive and in order to survive, indeed maintain our *status quo*, we must be creative.

Dean Tom S. Miya

CARL T. DURHAM PORTRAIT PRESENTATION

On December 1, 1980 at 4:00 p.m., Mrs. Carl T. Durham (Louise Jefferson Durham) presented her late husband's portrait to the School of Pharmacy as part of the Centennial of Pharmaceutical Education on the campus of UNC. The warm, sensitive portrait of Carl T. Durham was painted by his stepdaughter Joyce Gossett of Charlotte NC and now hangs in the newly-renovated lobby of Beard Hall.

Many of you will remember Carl Durham as a distinguished alumnus of the University of North Carolina at Chapel Hill who attended the School of Pharmacy from 1916 to 1918. He was licensed to practice pharmacy in North Carolina in 1917 and served as a community practitioner in Chapel Hill until 1938. At that time he was elected to the Congress of the United States where he represented the Sixth District of North Carolina for twenty-two years.

Carl Durham is most noted in pharmacy as the co-author with Senator Hubert H. Humphrey, also a pharmacist and later to become Vice-President of the United States, of the *Durham-Humphrey Amendment of the Food and Drug Act* (1952)

Carl T. Durham was born in the White Cross Community near Chapel Hill on August 28, 1892, and died April 29, 1974, at the age of 81.

Speakers included:

TOM S. MIYA — Dean, UNC-Ch School of Pharmacy

FRED M. ECKEL — Professor and Chairman, Division of Pharmacy Practice

HAROLD V. DAY — President, North Carolina Board of Pharmacy

JACK G. WATTS — President, North Carolina Pharmaceutical Association

ROLAND GIDUZ — Associate Director, Alumni Affairs

JAMES R. TURNER — Associate Vice Chancellor, Health Affairs

Featured speaker for the ceremony was

GILBERT S. GOLDHAMMER — Consultant, Intergovernmental Relations and Human Resources Subcommittee, House of Representatives (which is chaired by Congressman L. H. Fountain)

Program participants Jack G. Watts, President, North Carolina Pharmaceutical Association, and Harold V. Day, President, North Carolina Board of Pharmacy. Photo by Hollowell.

THE DURHAM-HUMPHREY AMENDMENT/ A PERSPECTIVE

Congressman Durham was best known to those, who like myself, were FDA officials at the time, for his sponsorship of a 1951 amendment to the Federal Food, Drug and Cosmetic Act known as the Durham-Humphrey Amendment. It was intended to govern the dispensing of prescription drugs which hitherto had not been covered by law. It was the result of the workmanship of two skilled and dedicated professional pharmacists serving in the Congress—Congressman Durham on the House side and Senator Hubert Humphrey on the Senate side. Because of their skillful management of the bills they introduced in their respective houses, they were able to bring together the diverse, and often conflicting, groups involved—namely, the drug manufacturers, the druggists, the physicians, the FDA, and the consumers—and obtain their agreement. The law had the immediate effect of resolving the confusion and uncertainty plaguing the nations' pharmacists concerning the legal requirements for dispensing prescription drugs.

What was the situation in 1951 that motivated Congressman Durham to introduce his bill and press for its enactment?

To find the answer one must go back to the Federal Food and Drug Act of 1906, and its successor, the Federal Food, Drug and Cosmetic Act of 1938. First let me say that both statutes were enacted under the powers of Congress granted by the Constitution to regulate interstate commerce. Before a drug becomes subject to the Federal law it must have been shipped in interstate commerce, or have been delivered for introduction into interstate commerce. A purely local transaction is beyond the jurisdiction of the Federal laws. Such transactions are regulated by the appropriate State and local regulatory agencies.

The 1906 Federal law was brief, compact, easily understood and easily enforced. Its brevity and simplicity makes that law a curiosity—a museum piece—for it stands in stark contrast to today's Federal Food and drug laws which are notable for their complexity, expansiveness, and difficulty of enforcement. Whereas the 1906 act required just a few pages of regulations for its efficient enforcement, the current laws have required several thousand pages. Despite that, the enforcement of the law is still not efficient, in my opinion.

For its time, the 1906 law was a good one which served the public well.

But times change and conditions change, and laws which are appropriate at one stage of history are not appropriate for another. The law cannot be static—it must adjust to new problems by periodic updating. Actually, by 1935 it was already apparent that the 1906 law had become inadequate and needed change.

For instance, the 1906 law said very little about dangerous drugs. Although it outlawed the addition to food products of poisonous or deleterious substances which might render the foods injurious to health, there was no similar provision applicable to drugs. Practically all drugs contain poisonous or deleterious substances which might render them injurious to health, and thus all drugs are inherently potentially dangerous. To prohibit poisonous substances in drugs would, in effect, outlaw all of them. FDA in those days concerned itself primarily with false and fraudulent labeling claims of effectiveness, and false labeling statements of the strength and purity of drugs shipped for dispensing by physicians in their practice, or by druggists. FDA did not attempt to regulate the practice of medicine or pharmacy. They did not check on druggists to determine whether prescription drugs were being dispensed without presciptions, although many druggists freely engaged in the practice. These were regarded as local transactions. The 1906 law provided no authority to FDA to control the retail dispensing of prescription drugs either with or without a prescription.

When the 1938 act was passed, many of the deficiencies in the old law were corrected. But, again, the new law made almost no mention of drugs to be sold on prescription only, and failed to define drugs which should be dispensed only on prescription. However, Congress did adopt the following provision which helped force many of the dangerous over-the-counter drugs on the market prior to that time into the category of prescription drugs:

"A drug is deemed to be misbranded if it is dangerous to health when used in the dos-

Gilbert S. Goldhammer, featured speaker. Photo by Hollowell.

age or with the frequency or duration prescribed, recommended, or suggested in the labeling thereof."

This enabled the Food and Drug Administration to proceed against those over-the-counter drugs that were dangerous to health when used in accordance with the labeling directions, and insist that such dangerous drugs be used only under the supervision of a physician.

In the early 1940's FDA made a momentous decision. The problems associated with the indiscriminate sales of dangerous drugs to the public, particularly the barbiturates, and the growing toll of accidental deaths and injury from barbiturate overdoses, required FDA to stretch the law to heed the urgings of local authorities who could not cope with the problem, and from health officials and consumers generally, to involve itself in attempting to control the abuses so prevalent at the time. For the first time in its history, FDA agents began to gather evidence against druggists, physicians, and others who sold the dangerous drugs without prescriptions and outside the legitimate practice of medicine without genuine doctor-patient relationships. Hundreds of prosecution actions were brought against druggists and others who sold these drugs to the public without restrictions, and many, many, pharmacists suddenly found themselves criminals in the eyes of the courts. Some were fined but others were jailed, depending upon the flagrancy of the offenses. To make its program work, FDA devised regulations which had the effect of greatly stretching the law. It was a calculated risk. The courts, after all, would have the final word.

But in 1947, in a case against Jordan James Sullivan, Columbus, Georgia, trading as Sullivan's Pharmacy, the U. S. Supreme Court upheld the FDA regulations which served as a basis for the action and FDA's authority was established. The lid was off after the Sullivan decision, and FDA did its utmost to enforce the law, primarily against druggists, but also others selling dangerous drugs indiscriminately. Furthermore, in about 1950, FDA declared its intention to expand its operations to include unauthorized refills of prescriptions.

By 1951 the industry was in turmoil. There was great confusion because druggists were unclear as to what the law required. There was no clear definition in the law which would tell the druggists which drugs required a physician's prescription for sale. The label declarations on the drugs they received from the manufacturer or wholesaler could not be relied on for this information, because many nonprescription drugs bore prescription legends, while many prescription drugs did not bear such legends.

Clearly, the druggists needed help. The Food and Drug Administration needed help, too, to clarify the law and delineate and specify the law's requirements so that the manufacturer, the physician, and the pharmacist would know how to comply. The aid of Congress was enlisted and the result was the Durham-Humphrey Amendment. The report of the Durham Committee which accompanied the amendment when it went to the floor of the House for debate and vote, had this to say, in part, about the purpose of the bill—

"This bill amends the Federal Food, Drug and Cosmetic Act to accomplish two broad objectives—(1) To strengthen the protection of the public health against dangerous abuses in the sale of potent prescription drugs; (2) To relieve retail druggists and the public from burdensome and unnecessary restrictions on the dispensing of drugs which may be safely used without supervision by a physician.

"The bill X X X is designed to solve these labeling and dispensing problems in the following ways:

(1) By providing for a clearcut method of distinguishing between 'prescription' drugs X X X and 'over-the-counter' drugs X X X and by requiring that drugs be so labeled as to indicate to the retail druggist and the general public into which of these two classes they fall. X X X Lack of uniformity among manufacturers in interpreting the present law and regulations has led to great confusion in the labeling of drugs for prescription sale and for over-the-counter sale."

The Durham-Humphrey amendment made a number of other changes. However, it is sufficient to say that one very important end result was that for the first time retail pharmacists had clear guidelines, spelled out by statute, for a course of action in dispensing drugs which would not subject them to the penalties of the law.

FDA continued to bring cases against retail druggists after 1951, but it was limited to those who opted consciously and knowingly to risk the penalties for a few quick bucks. Unfortunately, every profession and every field of endeavor, no matter how noble, have their share of bad apples. But for the drug industry as a whole, the intent of the law was now clear and understandable.

Of course, that amendment passed in 1951. We are now in the '80's. The passage of time has again brought changes in the drug field to which FDA has once again reacted, with resultant seemingly inevitable problems for retail druggists. The difficulties now facing them concern a subject that was completely unheard of in 1951, namely, patient package inserts—or patient labeling—furnished by pharmacists with the dispensed drug and providing warnings and cautionary statements to fully inform the user of the possibility of certain specified injuries, and even death, by the use of the drug. No one can quibble with FDA's efforts to protect consumers, but are warnings against hazards of use provided by the druggist when he dispenses a drug prescribed by a treating physician the best way to inform the patient? What will the effects be on the patient of such cautionary statements? Will there be more harm than good from such patient labeling? Should it be the physician only who should adequately instruct the patient concerning the use of the drug and its dangers at the time he writes the prescription and hands it to the patient? Is the Federal Government preempting the physician by making patient labeling with warnings mandatory?

On the economic front we may question whether patient labeling will not increase the cost of prescription drugs to the patient. If so, by how much?

I don't think I need to elaborate further on the nature of this problem before this audience. Congressman Fountain is well aware of the problem and has received many letters from retail druggists and their trade associations, not only from North Carolina, but from many other parts of the country. Many have requested an investigation of FDA policies. Congressman Fountain, as many of you know, is chairman of a subcommittee which has oversight responsibility for FDA and has been active over the years as a "watchdog" to make sure FDA is operating efficiently, economically, and fulfilling its mission as set forth by Congress. He has, over the years, chaired many hearings covering FDA's enforcement philosophy and policy, which have resulted in improved enforcement to the benefit of both the public and industry.

Congressman Fountain had decided in October 1979 to hold hearings to define the problems and to probe the legal questions associated with such patient labeling. However, he decided to await the verdict in a case then pending in the U. S. District Court in Wilmington, Delaware, brought by the Pharmaceutical Manufacturers Association and the National Association of Chain Drug Stores, Inc., which concerned the legality of FDA's 1977 regulation requiring patient labeling for products containing estrogenic hormones. Ultimately, the Delaware Court upheld the legality of the regulation. Only last month its decision was affirmed by the U. S. Third Circuit Court of Appeals in Philadelphia on an appeal by the National Association of Chain Drug Stores. The association has already filed a petition for a rehearing by the Appellate Court.

I would like to add a brief thought on the impact of the decision on the Durham-Humphrey Amendment. That amendment specifically and with deliberate forethought, in my opinion, exempted drugs dispensed by filling or refilling written or oral prescriptions from the general requirement for warnings. However, to be eligible for the exemption, the dispensed drug must bear a label containing the name and address of the dispenser, the serial number and date of the prescription or its refilling, the name of the prescriber, and, if stated in the prescription, the name of the patient and the directions for use and any cautionary statements contained in such prescription.

Knowing the history of the Durham-Humphrey Amendment, and having a sense of what Congress was attempting to do because of my association with FDA at that time, there is no doubt in my mind that Congress specifically intended to exempt all drugs dispensed on prescription from carrying cautions and warnings, except those which the prescribing physician asked for. The exemption plainly indicates, in my opinion, that Congress believed that the question of informing patients concerning the purposes, directions for use, side effects, and hazards of prescribed drugs is the responsibility of the treating physician. He should make the determination of what the patient should be told and what, for the good of the patient, in his expert opinion, should be withheld. It was not intended that the bu reaucracy take on that function.

However, in 1970 the then-FDA commissioner informed Congressman Fountain during an oversight hearing that the practice of medicine has become too impersonal and that reliance can no longer be placed on the patient-doctor relationship to provide the information the patient needs about the drugs prescribed. If that is so, should we accept that situation, or should we strive to restore a satisfactory physician-patient relationship?

It is difficult for me to believe that Congress would provide such a clear exemption under the Durham-Humphrey Amendment intending that another section of the law which Congress wrote at a different time—thirteen years earlier—and in a different context, could be used—and I quote in the words of the Appellate Court's decision—as "A separate passageway through which FDA may require warnings and cautionary statements."

However, the Appellate Court has ruled, thus nullifying to a significant degree this Durham-Humphrey Amendment exempting provision. And so, for the present, the industry must resign itself to the realization that FDA may under certain circumstances require warnings despite the express exemption of the Durham-Humphrey Amendment. FDA will now have a free hand in the enforcement of its most recent and broader PPI regulations recently published. Unless the Court of Appeals grants a rehearing and reverses itself, or the Supreme Court reverses the lower court, the regulations are now law and will have to be obeyed.

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Opening in the Fayetteville area. Excellent experience in retail and hospital. Contact: Becky Dutton (919) 485-8436.

15TH ANNUAL ASHP MID YEAR MEETING

Once again, the UNC-CH School of Pharmacy Division of Pharmacy Practice has made a splendid showing at an ASHP Mid-Year Clinical Meeting. Many faculty and several students made presentations at the 15th annual conference which was held December 7-11 in San Francisco, California.

BETTY DENNIS moderated the session on "New Developments in the Treatment of Infectious Diseases."

RALPH RAASCH spoke on "Principles of Therapy in Gastrointestinal Disease."

CHRISTINE RUDD served as Reactor to the Clinical Grand Rounds Session held on (1) Glucose control during conversion of a hospitalized patient on continuous hyperalimentation to home hyperalimentation for 12-hour infusion; and (2) Management of cluster headache.

In addition, nine poster presentations were exhibited:

"Prediction of Digoxin Dose Requirements," by KARL DONN and PETER GAL.

"Assessment of Therapeutic Interaction between Furosemide and Metolazone," by WAYNE PITTMAN, BARBARA STONE, BETTY DENNIS, and CINDY DUNHAM.

"Sensitivity, Specificity and Ease of Use of Five OTC Pregnancy Tests," by STEPHEN CAIOLA, SUSAN HIGGINS (5/5), BETTY DENNIS, SUZANNE BLAUG (5/5), and JAMES DINGFELDER, physician.

"Development and Implementation of a Pharmacy Services Program for the Carol Woods Retirement Community," by JAN CHILDRESS, FRED ECKEL, and CHARLES PULLIAM.

"In Vitro Evaluation of Liquid Antacid Products," by MARY SHERRILL and DAVID RUDD.

"Phenytoin-Warfarin Interaction," by PETER GAL and GAIL MOLIC.

"Drug Use Review of Nonsteroidal Anti-Inflammatory Agents," by CELESTE LINDLEY, STEVE ALMOND, STEPHEN CAIOLA, HELEN DEERE-POWELL, SANDRA HAK, and PATSY HUFF.

"A Pharmacist-Managed Allergy Desensitization Program," by STEVE ALMOND, STEPHEN CAIOLA, and PATSY HUFF.

"Presentation of Stevens-Johnson Syndrome Due to Anti-Convulsant Therapy in a Neonate: First Reported Case," by KAREN OLES.

NCPRF

Early in December all pharmacists registered in North Carolina received annual giving notices. Those of you who are UNC alumni have or will receive notices for the opportunity to give to Carolina Annual Giving. If you give to the latter, won't you designate a part of your contributions to Pharmacy.

For the second year we have a Dean's Council category of giving. A minimum of $100.00 will get you into a now not so exclusive club. Each contributor in this category will receive the School's Annual Report and is encouraged to comment on it. In addition, a special mailing list will bring you materials of interest throughout the year and a drawing will be held for a pair of Carolina season football tickets.

Please read all the material you've received carefully. If you have lost or did not receive the materials, drop me a line or call me at 919-966-1121.

Our needs are great, and they are multiple.

Tom S. Miya, Secretary.

V. D. AWARENESS PROJECT

In 1980, North Carolina had 43,000 cases of veneral disease reported. This is an increase over 1979 figures and is also higher than the national average. Even more distressing is that the V. D. Control Division of the state Department of Human Resources feel the number of reported cases could be a gross underestimation, since many cases of V. D. are not reported or even detected.

The Student Body at the School of Pharmacy wants to slow down this V. D. epidemic. This semester they are taking on a statewide V. D. Awareness Project under the direction of Eric Hayes (5/5 on rotation), Carroll Crew (4/5), and Susan Lee (3/5). Carolyn Clayton is serving as faculty advisor.

The students are planning to use a combination multi-media and personal contact approach in their campaign. Students and faculty will be appearing on television and radio talk shows across the state. The University News Bureau will share the story with both Associated Press and United Press International newspapers. Students will visit a number of high schools in all regions of North Carolina during spring break, March

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Form No 957

V.D. *cont. from Page 29*

7-15, to give a fifty minute presentation. They also will be visiting pharmacists in all counties of the state.

The focus of the student campaign is to educate on prevention of veneral disease and to dispel a variety of myths. Education is the best prevention!

MARRIAGES

Miss Miriam Lee Crabtree of Fuquay-Varina and Phillip Garris Stafford of Kernersville were married Saturday, December 20, 1980 in Piney Grove Baptist Church.

The bride is a graduate of the School of Pharmacy, University of North Carolina at Chapel Hill and is a pharmacist at K-Mart in High Point. The groom is attending the UNC School of Pharmacy. The couple will live in Greensboro.

Miss Patricia Sue Ferguson and Jerry Robert Parker were married December 11, 1980 in the First United Methodist Church in Sylva with the Rev. Joe Davis conducting the ceremony.

Mrs. Parker is a graduate of Western Carolina University with a degree in social science. She is employed as a social worker for Jackson County Dept. of Social Services. Mr. Parker is a graduate of the University of North Carolina School of Pharmacy and is a Pharmacist at Andrews Drug Center, Andrews, N. C. The couple will live in Sylva.

BIRTHS AND DEATHS

Mr. & Mrs. William T. Rhodes of Red Springs, North Carolina announce the birth of their son William Dustin Rhodes on January 14, 1981. He weighed 5 lbs 12¼ oz and was 20 inches long at birth. Both Mr. & Mrs. Rhodes are graduates of the University of North Carolina and Mr. Rhodes is a graduate of the School of Pharmacy Class of 1980.

J. NORWOOD EUBANKS

J. Norwood Eubanks, Greensboro, died Sunday, December 14, 1980, at his home. He was 85 years old. Eubanks was a Life Member of the North Carolina Pharmaceutical Association and a former owner of McDuffie-Eubanks Drug Store, from which he was retired. He joined the NCPhA in 1917. Eubanks was a veteran of World War I, a Mason and a member of the Greensboro Kiwanis Club. He was a member of the Greensboro Country Club and the West Market Street United Methodist Church. He is survived by his wife.

CONFIRM THE DEA NUMBER—Formula for detecting physician's falsified DEA Number is by adding the first, third and fifth digits; then add second, fourth and sixth digits, multiply the sum by two; add the totals of these—the last digit of this sum will be the same as the last digit of the DEA number. For example: DEA Number under question 1234563

Formula: $1 + 3 + 5 = 9$
$2 + 4 + 6 \times 2 = 24$
$9 + 24 = 33$

The last digit in the totals is "3" which corresponds to the last digit in the questioned DEA number 1234563.

DMSO ADVERSE REACTIONS

Two cases of serious reactions to intravenous use of DMSO have been reported in The Lancet, a British medical journal. In the November 8, 1980, issue of the journal, an elderly couple was reported to have become very ill following DMSO injections to treat arthritic knees. The wife vomited blood and suffered severe kidney damage and a stroke. Both she and her husband had similar blood abnormalities following their treatments. The Lancet article cautions "The clinical course of the two patients suggests that intravenous DMSO is potentially and should not be used for the treatment of arthritis." FDA is also aware of the death of an elderly woman in Texas *during* intravenous administration of DMSO, but the agency does not have evidence that the death was directly related to the DMSO use.

From HHS Bulletin 1/15/81.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of $3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

PHARMACIST SEEKING POSITION. 1978 Graduate seeks position in Greensboro area. Experienced in hospital and retail. Willing to work in temporary job until permanent position is available. Contact Gloria Butler, 1905 Natchez Trace, Greensboro, NC 27408. (919) 282-3896.

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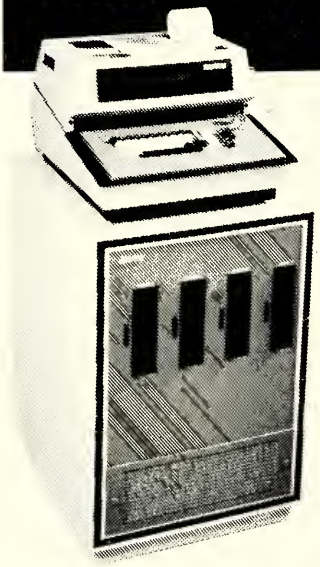

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THE CAROLINA JOURNAL of PHARMACY

FEBRUARY, 1981 VOLUME 61 NUMBER 2

Health Sciences Library
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Health Sciences Library 223H
Chapel Hill, NC 27514

Mrs. James E. Evans, Marion is shown presenting a check to Jack G. Watts, President, NCPhA, to establish the James E. Evans/Carolina Rexall Drug Club Loan Fund. See story on page 21.

Ohio Northern University · University of Nebraska · University of Oklahoma · University of South Carolina

Remember the summer of '80?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

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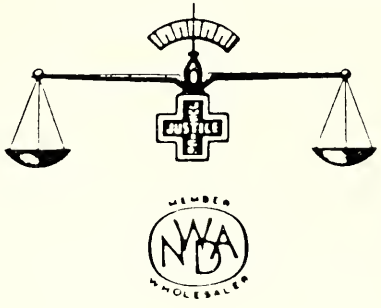

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THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

FEBRUARY 1981 VOLUME 61 NUMBER 2

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1981 CONVENTION-IN-BRIEF

101st Annual Meeting

N. C. Pharmaceutical Association & Affiliated Auxiliaries

Sunday, April 26, 1981

12:00 noon	REGISTRATION DESK OPENS—Lobby
12:30 pm	PHARMPAC LUNCHEON—Jackson Room
1:00 pm	WOMAN'S AUXILIARY Needlework Craft Shop Opens—Polk Room
1:30 pm	PHARMPAC MEETING
3:00 pm	AWARDS SESSION—Gold Room
4:00 pm	RECEPTION—honoring Jesse M. Pike, Sr. and Award Recipients—Colonial, Mint, Tryon Room
7:30 pm	*QUEEN CHARLOTTE DINNER—Independence Ballroom—Guest Speaker, William E. Woods—Entertainment, Sweet Adelines

Monday, April 27, 1981

8:00 am	REGISTRATION DESK OPENS—Lobby
	TMA FOUNDATION BREAKFAST—Radisson Parlor
9:00 am	WOMAN'S AUXILIARY Cross-stitch class—Woman's Auxiliary Hospitality Room
	NCPhA BUSINESS SESSION—Mint Room
10:30 am	WOMAN'S AUXILIARY BRUNCH AND FASHION SHOW—Tryon Room
1:00 pm	WOMAN'S AUXILIARY Needlework Craft Shop Opens—Polk Room GOLF TOURNAMENT—Myers Park Country Club TENNIS—Myers Park Country Club.
3:00 pm	WOMAN'S AUXILIARY TOUR—Spirit Square
6:30 pm	"MISS CHARLOTTE'S SALOON"—Social hour—sponsored by the N. C. Drug Wholesalers—Gold Room
8:00 p.m.	URBAN COWBOY NIGHT—Country dancing in the city—Independence Ballroom. Caller—Al Broadway.

Tuesday, April 28, 1981

8:00 am	REGISTRATION DESK OPENS—Lobby
8:30 a.m.	WOMAN'S AUXILIARY COFFEE—Radisson Parlor—Hospitality Room
9:00 am	NCPhA BUSINESS SESSION—Mint Room
9:30 am	WOMAN'S AUXILIARY BUSINESS SESSION—Mecklenburg Room
11:00 am	WOMAN'S AUXILIARY—Buses begin loading for Myers Park Country Club TMA BUSINESS SESSION—Tryon Room
12:30 pm	WOMAN'S AUXILIARY LUNCHEON AND INSTALLATION OF OFFICERS—Myers Park Country Club—Entertainment, "Diamonds in the Rough"
2:00 pm	NCPhA BUSINESS SESSION—Mint Room WOMAN'S AUXILIARY Needlework Craft Shop Opens—Polk Room
7:00 pm	*INSTALLATION DINNER—Independence Ballroom
9:00 pm	TMA DANCE—Independence Ballroom—Music by Burt Massengale Orchestra

*Reservations and tickets through the NCPhA Office.

ADMISSION TO ALL FUNCTIONS BY CONVENTION BADGE

WILLIAM E. WOODS—FEATURED SPEAKER AT OPENING SESSION

William E. Woods, Executive Vice President, National Association of Retail Druggists, will be the featured speaker at the opening session of the 101st Annual Convention of the North Carolina Pharmaceutical Association.

Woods joined NARD in 1965 as Washington Representative and General Counsel and became Executive Director January 1, 1977 and Executive Vice President August 1 of the same year. He holds a Bachelor of Science in Pharmacy degree and a Doctor of Laws degree, both from the University of Texas.

He currently serves as President of the National Drug Trade Conference and Chairman of the Small Business Legislative Council as well as playing an active role in the Joint Commission of Pharmacy Practitioners.

William E. Woods
Executive Vice-President
NARD

C. Thomas Dagenhart, Jr.
NCPhA Convention
Chairman

Mrs. Robert L. Lewis
Woman's Auxiliary
Convention Chairman

CONVENTION PROGRAM

101ST ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

Radisson Plaza Hotel
Charlotte, N. C.

Jack G. Watts, President
North Carolina Pharmaceutical Association

OPENING SESSION AND QUEEN CHARLOTTE DINNER*

Independence Ballroom
Sunday, April 26, 1981
Seven-thirty o'clock
C. Thomas Dagenhart, Jr., Convention Chairman, Presiding

CALL TO ORDER
N. C. Pharmaceutical Association—Jack G. Watts, President
Woman's Auxiliary, NCPhA—Mrs. Shelton B. Boyd, President
Traveling Members Auxiliary, NCPhA—Charles L. Kimball, President

INVOCATION
Dr. Robert Hough, Minister
McGee Presbyterian Church, Charlotte

DINNER*

WELCOME TO THE CITY
Mr. Eddie Knox, Mayor
City of Charlotte

ENTERTAINMENT
Sweet Adelines

W. J. SMITH CONVENTION SPEAKER
William E. Woods, Executive Vice President, NARD

ANNOUNCEMENTS

ADJOURNMENT

*Dinner reservation available through NCPhA office

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Telephone 919/723-8811

Pilot Life

SECOND SESSION

Monday Morning — Nine O'Clock — Mint Room

J. Marshall Sasser, First Vice-President, *Presiding*

IN MEMORIAM-Rite of the Roses—Mr. and Mrs. Julian E. Upchurch, Jr.
The President's Address—Jack G. Watts, President, NCPhA
The North Carolina Board of Pharmacy—David R. Work, Secretary-Treasurer
P. D. Now—David A. Clark, P. D., Executive Director, Indiana Pharmacists Association
Attendance Prizes
Adjournment

MONDAY AFTERNOON

There are no NCPhA sponsored business sessions on Monday afteroon
Golf Tournament—Myers Park Country Club (Sponsored by Owens-Illinois)
Tennis—Myers Park Country Club
Meetings:
Committee on Time and Place
Committee on Resolutions

MONDAY NIGHT

Six-thirty pm — Gold Room

"Miss Charlotte's Saloon"

Social hour—Sponsored by the North Carolina Drug Wholesalers.

Eight pm — Independence Ballroom

Urban Cowboy Night

Country Dancing in the City

THIRD SESSION

Nine o'clock am — Mint Room

Ernest J. Rabil, Second Vice President, *Presiding*
The UNC School of Pharmacy and The N. C. Pharmaceutical Research Foundation—Tom Miya, Dean
Student Branch—Mark Davis, President
Committee Reports
An Update on the AHEC Program—Eugene S. Mayer, M.D. AHEC Program Director
Attendance Prizes
Adjournment

FOURTH SESSION

Tuesday Afternoon — Two o'clock pm — Mint Room

Jack G. Watts, President, *Presiding*

Committee Reports
Jesse M. Pike, President, National Association of Retail Druggists
Report of the Executive Director—A. H. Mebane, III
Greetings—Mrs. Shelton B. Boyd, President, Woman's Auxiliary
Report of the Committee on Resolutions
Report of the Convention Registrar—Tom R. Burgiss
Report of the Committee on Time and Place
Report of the Committe on Nominations
Attendance Prizes
Adjournment

TUESDAY NIGHT

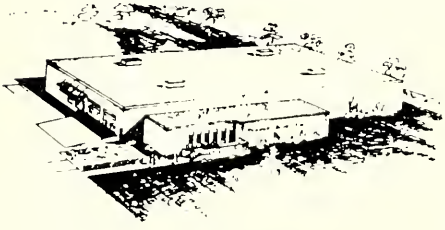
Seven o'clock pm — Installation Dinner — Independence Ballroom

Nine o'clock pm TMA Sponsored Dance—Burt Massengale Orchestra

The Burt Massengale Orchestra will provide music for the TMA-sponsored dance Tuesday evening, Independence Ballroom, following the Installation Dinner.

Kendall's Going Places!

It says it on our trucks, and it's true. "Kendall's Going Places!" In fact, more and more places all the time. As druggists in North Carolina and beyond discover our service and facilities, they like it. And our Customer Retail Service Package is an extra bonus. Want to know more? It's as close as your telephone.



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Programs of Continuing Education are vital to the success of the Annual Convention of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries. This year, we give special recognition to the following companies for substantial contributions to these programs:

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CORDIALITY PAYS

At this year's annual Convention a simple handshake can earn you $25.00. That's right—just a handshake!

A new feature of this year's convention is the mystery handshaker, known only as X. No one knows who X is. X may be a pharmacist, a member of the Woman's Auxiliary or a member of the TMA. Be the 50th handshake of X and *you* win the $25.00. The winner will be announced at the Tuesday night installation dinner at which time the identity of X will be revealed. You do not have to be present to win!

The rules of the game are simple: Shake anyone's hand as many times as you wish to increase your chances of winning. Guessing and accusing will add to the fun. Hugs and kisses and pats on the back are not discouraged—but *remember* only HANDSHAKES count.

Kendall Drug Company, Inc. of Shelby, North Carolina was among the top wholesale drug companies in the nation singled out in the 30th annual PRO Corporation football-theme awards program, held during the National Wholesale Druggists Association (NWDA) marketing conference (March 16-19) in Dallas. The PRO Corporation, a wholly-owned subsidiary of Rexall Corporation, each year honors the top achievers in its national wholesale drug promotion. Bobby McDaniel (right), Kendall's Sales Manager accepted PRO's runner-up award in the Southeast Division for highest percentage of quota from Pat Haden, Los Angeles Rams Quarterback.

Perspectives in Pharmacy

Professional Drug Product Selection

Presented in the interest of better informed pharmacy

John C. Wilkie, Jr., R.Ph.
Executive Secretary
Board of Pharmaceutical Examiners of South Carolina

"One of the major problems facing pharmacists throughout the country today is the availability of products which have not been approved by FDA. There are drugs on the market with approved New Drug Applications (NDA's) and Abbreviated New Drug Applications (ANDA's). Another group of drugs that was marketed between 1938 and 1962 has been approved for safety but not for efficacy.

John C. Wilkie, Jr., R.Ph.

This group is being reviewed under the Drug Efficacy Study Implementation (DESI) process. A fourth group of drugs marketed prior to 1938 is not subje to premarketing clearanc procedures, yet products this category are markete every day.

"Look at the possibili of the pharmacist's liabilit in dispensing drugs witho FDA's approval—the drug may be improperly formu lated, may have formulati causing varied bioavail- abilities, may be labeled incorrectly, may cause therapeutic problems, ma have adverse reactions, a on and on. In addition, su drugs may be on the mar with patent infringements thus placing the pharmac in another barrel of hot water.

"Pharmacists need help—consumers need to rest assured that they a receiving approved drugs and the medical and phar macy professions need as ance that all drugs on the market are approved or exempted. Meanwhile, yo must know your manufac turer or distributor and, e then, make sure the firm i reliable and responsible."

Lawrence H. Block, R.Ph., Ph.D.
Professor of Pharmaceutics
Duquesne Universit School of Pharmacy

"The scientific aspec of drug product selection have become mired in co troversy resulting from th

onomic or political casting the issues involved. Prodt selection by the pharmat, when permitted by law, ght to result from a conideration of drug product bioequivalence data, the tive ingredient, the dosage m, and the drug product nufacturer. However, curate evaluations of drug oduct bioequivalence data l the risk of bioinivalence incurred with ecific active ingredients or sage forms are difficult. reover, the FDA's publiion of the therapeutically ivalent products list nly an initial step in an rt to document individual oduct acceptability. The pe of the FDA list is limitdrugs marketed prior to 38 are not included in the ing. Although these drugs g., methenamine, nitroerin, phenobarbital, and roid) represent only about percent of the drugs dised in the United States, y represent a substantial tion of the drugs available m multiple sources. In lition, the FDA list doesn't ect manufacturer permance on a batch-to-batch is. The pharmacist must sider the product manuturer's potential for repliing a product from batch batch. A tally of 590 nufacturers involved in roximately 3300 drug duct citations in the FDA's kly reports between '0 and 1978 refutes the tention that all pharmatical manufacturers maintain equally effective quality-control programs."

Kenneth G. Mehrle, R.Ph.
Past President, National Association of Retail Druggists

"The feds and the states want to use drug product selection to cut drug costs—and nothing more—without assuming any liability risks. In state legislature after state legislature, drug

Lawrence H. Block, R.Ph., Ph.D.

product selection proposals have pitted manufacturers against pharmacy groups, pharmacy groups against consumer organizations, and organized medicine against both pharmacy and consumer groups. Everyone has ended up fighting everyone else. What no one is mentioning is the professional aspect of DPS. That has been irretrievably lost—at least for now.

"In my opinion, true drug product selection is possible only if four conditions exist: (1) The drug industry is reconciled to the idea; (2) the medical profession does not see it as an affront; (3) the FDA stands by every potentially substitutable product and is willing

Kenneth G. Mehrle, R.Ph.

to assume all resulting liabilities; and (4) the pharmacist's professional judgment—and not dollar and cents accountability and the fear of fines and imprisonment—should be the deciding factor in whatever product is dispensed."

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80-A

WOMAN'S AUXILIARY, NCPhA

54th ANNUAL CONVENTION

Sunday, April 26, 1981

12:00 noon	Registration Desk opens—Lobby
1:00 pm	Woman's Auxiliary Needlework Craft Shop opens—Polk Room
3:00 pm	Awards Session—Gold Room
4:00 pm	Reception—honoring Jesse M. Pike, Sr., and award recipients—Colonial, Tryon and Mint Room
7:30 pm	*Queen Charlotte Dinner and opening session—Guest Speaker, William E. Woods—Entertainment, Sweet Adelines—Independence Ballroom

Monday, April 27, 1981

9:00 am	Cross-stitch class—Woman's Auxiliary Hospitality Room (Radisson Parlor)
10:30 am	Champagne Brunch and Fashion Show—Tryon Room
1:00 pm	Needlework Craft Shop Opens—Polk Room
3:30 pm	Tour—Spirit Square— Golf—Myers Park Country Club Tennis—Myers Park Country Club.
6:30 pm	"MISS CHARLOTTE'S SALOON"—Social hour sponsored by N. C. Drug Wholesalers—Gold Room
8:00 pm	URBAN COWBOY NIGHT—Country Dancing in the City—Independence Ballroom. Caller—Al Broadway

Tuesday, April 28, 1981

8:30 am	Coffee—Woman's Auxiliary Hospitality Room, Radisson Parlor
9:30 am	Business Session—Mecklenburg Room
11:00 am	Buses begin loading for Myers Park Country Club
12:30 pm	Luncheon—Installation of Officers—Entertainment "Diamonds in the Rough"
2:00 pm	Needlework Craft Shop Opens—Polk Room
7:00 pm	*Installation Dinner—Independence Ballroom
9:00 pm	Dance—Music by Burt Massengale Orchestra—Sponsored by TMA

*Dinner reservations and tickets through NCPhA

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Mrs. Shelton B. Boyd
President Woman's Auxiliary

Charles L. Kimball, President
Traveling Member's Auxiliary

TRAVELING MEMBER'S AUXILIARY, NCPhA

Sunday, April 26, 1981

12:00 noon	Registration Desk Opens—Lobby
3:00 pm	Awards Session—Gold Room
4:00 pm	Reception honoring Jesse M. Pike, Sr., and Award Recipients—Colonial, Tryon, Mint Room
7:30 pm	*Queen Charlotte Dinner and Opening Session—Guest Speaker, William E. Woods—Entertainment, Sweet Adelines—Independence Ballroom

Monday, April 27, 1981

8:00 am	TMA Foundation Breakfast—Radisson Parlor 621 Golf Tournament—Myers Park Country Club Tennis—Myers Park Country Club TMA Members are invited to attend NCPhA Business sessions to be held in the Mint Room
6:30 pm	"MISS CHARLOTTE'S SALOON"—Social hour sponsored by N. C. Drug Wholesalers—Gold Room
8:00 pm	URBAN COWBOY NIGHT—Country Dancing in the City—Independence Ballroom. Caller—Al Broadway

Tuesday, April 28, 1981

11:00 am	TMA Annual Business Session, Tryon Room
7:00 pm	*Installation Dinner—Independence Ballroom
9:00 pm	TMA Dance—Music by Burt Massengale Orchestra—Independence Ballroom

*Tickets and Reservations through the NCPhA office

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KLINTWORTH GIVES HISTORIC BOOK

When William Sydney Porter began writing short stories, about 80 years ago, he used as many as eight different pen-names, but he finally settled on "O. Henry," explaining that he liked the sound of it, and it was easy to say.

Many biographers feel that the name came out of the U. S. Dispensatory, a pharmaceutical reference manual used by O. Henry when he worked in his uncle Clarke Porter's drug store in Greensboro, North Carolina. The book was also used when he worked briefly in Austin, Texas, and later when he was assigned to the pharmacy in the state prison at Columbus, Ohio.

In the O. Henry wing of the Museum in Greensboro, the town where O. Henry was born in 1862, one room is a restoration of the Porter drug store, with counter, scales, mortar-and-pestle, shelves of chemicals, etc.—everything except a copy of the U. S. Dispensatory of that period.

But now the display will be complete.

T. R. Klintworth, proprietor of Vahl Drug Co. in Seward, Nebraska, learned through a friend that the Museum needed such a book for its display. He recalled seeing one of the 100-year-old volumes in his store attic, and he has mailed the book to the Greensboro Museum, O. Henry wing, with his compliments.

T. R. Klintworth

Mr. Klintworth was president of the Nebraska Druggists Association in 1972-73, and before and after his term as president served 3-year terms as a member of the state board of directors.

Avoid delay in receiving your NCPhA mail.
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LOAN FUND ESTABLISHED

On January 21 the North Carolina Pharmaceutical Association sponsored a dinner at the Crossbow International Restaurant in Marion, North Carolina at 7:30 p.m. in memory of Mr. James E. Evans, former member of the NCPhA and Secretary-Treasurer of the Carolina Rexall Drug Club. Mrs. James E. Evans presented the N. C. Pharmaceutical Association with a donation in excess of fifteen thousand dollars to establish the James E. Evans/Carolina Rexall Drug Club consolidated pharmacy student loan fund. This was the largest single donation ever to be made to the Loan Fund.

Jack G. Watts, Burlington, president of the NCPhA was master of ceremonies for the evening. Mr. A. H. Cornwell, Lincolnton, and Mr. Jesse Pike, Concord, president of the National Association of Retail Druggists, spoke about Mr. Evans and his interest in N. C. Pharmacy. Both men served with Mr. Evans in the Carolina Rexall Drug Club. Also attending the dinner were Mr. and Mrs. A. H. Mebane, III, Executive Director of the NCPhA; Mr. and Mrs. Bobby Setzer; Mr. W. Hill Evans; Miss Doris Hill; and Mr. and Mrs. Charles Burgin; all of Marion.

Mr. Evans was owner/operator of Evans Rexall Drugstore in Marion and served as Secretary-Treasurer of the Carolina Rexall Drug Club for many years. He was past director of the United Wholesale Drug Inc. and a member of the National Association of Retail Druggists. Mr. Evans was a member of the North Carolina Pharmaceutical Association for 35 years.

The Consolidated Pharmacy Loan Fund, operated by the North Carolina Pharmaceutical Association has as its major purpose the lending of funds to needy and deserving students enrolled in the School of Pharmacy of the University of North Carolina. Management of the Fund is under the supervision of the NCPhA Consolidated Pharmacy Loan Fund Committee, with Dr. Jack K. Wier of the UNC School of Pharmacy serving as chairman. The Consolidated Pharmacy Loan Fund is composed of individually named funds and all loan monies come from voluntary donations such as the one by Mrs. Evans.

Left to right: Jesse M. Pike, President, National Association of Retail Druggists; Mrs. James E. Evans; Jack G. Watts, President, North Carolina Pharmaceutical Association; A. H. Cornwell.

LOCAL NEWS

PUBLIC RELATIONS

Joe Miller, Boone, was featured on the WLOS-TV show "When I Grow Up," Wednesday, March 11. The program presented Miller as a pharmacist answering questions posed by the children on the show, which was filmed in Boone Drug Store. Miller is the immediate past-president of the North Carolina Pharmaceutical Association.

WILLIAMSTON

The first meeting of the Northeastern Carolina Pharmaceutical Society for 1981 was held at the Holiday Inn in Williamston on Wednesday, February 11 at 7:30 with a brief social hour followed by dinner at 8:00. The guest speaker was Dr. Ray Garrison, Director, Dental Program, Department of Family Practice, East Carolina School of Medicine. His talk focused on the Pharmacist's role in Dental Care.

Newly elected officers for the 1981 term are J. Howard Garrett, President; Charles E. Woodard, Vice President; and James B. Bryant, Secretary-Treasurer.

WAKE COUNTY PHARMACEUTICAL AUXILIARY

The Wake County Pharmacy Wives Association wishes to dedicate $250.00 to the Vivian Smith Scholarship Fund. In doing so, it is our pleasure to honor Vivian Smith's excellent leadership and show her our love.

The money was raised through auctioning of picnic baskets at one of the Pharmacy Auxiliary meetings. A very special thanks to you for help with this event to Mr. and Mrs. Jack Watts and Mr. and Mrs. Banks Kerr.

Respectfully,

Velma F. Brown
President, Wake County
Pharmacy Auxiliary

LENOIR-GREENE-JONES

The monthly meeting of the Lenoir-Greene-Jones Pharmaceutical Society was held on February 18 with Mr. Roy Rinc, Field Investigator for the FDA, as the speaker. Mr. Rinc spoke on PPI's and gave a slide show on how new drugs reach the market.

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The society also voted to sponsor a poster contest in the local elementary schools during Poison Prevention Week with $25.00 going to the first place winner, $15.00 going to second place and $15.00 going to third. Local radio and TV stations are going to donate public service spots to the Society during which the public will be asked to bring to their Pharmacist any outdated and unused medication to be properly destroyed to prevent possible poisoning. It was also noted that the Mayor of Kinston will proclaim that week "Pharmacy Week" in Kinston.

CONSUMERS SUPPORT CHILD-RESISTANT CAPS

Consumers overwhelmingly support the use of child-resistant closures (CRCs) on drugs and poisonous household products, a survey conducted for the U. S. Consumer Product Safety Commission reveals.

Ninety-nine percent of the consumers surveyed agree that CRCs are a good idea; and 95 percent feel that learning to open child-resistant closures is a small price to pay for a child's safety. Eighty seven percent said that more products should have safety caps.

Commenting on the survey, John B. Carroll, vice president of the Closure Committee—Glass Packaging Institute, an industry association which includes the leading manufacturers of CRCs, said, "This study confirms the acceptance by the American consumer of the child-protective features of CRCs. The caps are proven lifesavers, and people believe in their effectiveness."

Mr. Carroll noted that according to the latest figures released by the National Center for Health Statistics (through 1978), accidental deaths from aspirin poisoning among children under five have dropped 72 percent since CRCs were mandated in 1972. Deaths among young children from ingestions of all covered products, including furniture polish, oven and drain cleaners, prescription drugs, etc., are down 63 percent, he added.

In March, 1981, an EPA regulation will require manufacturers of many home-use pesticides, including rodenticides, fungicides, herbicides and disinfectants, to use child-resistant packaging on many of their consumer products. The closure industry, which produced nearly 2.5-billion CRCs in 1979, looks for a very substantial increase in that number as the new EPA ruling takes effect.

HARTIS NAMED REVCO REGIONAL VICE PRESIDENT

Gilbert Hartis, Jr., Winston-Salem, has been promoted to the new position of regional vice president, store operations, for Revco Discount Drug Centers in North Carolina and Virginia. Previously he was Revco's district manager in the area.

Hartis is a 1962 graduate of the University of North Carolina School of Pharmacy and began his pharmacy career with the Patterson drug chain in 1963. When the chain was purchased by Revco in 1967 he was manager of one of the Winston-Salem stores. Revco named him store supervisor in 1972 and district manager in 1975. Gil and his wife Margaret, also a pharmacist with Revco, live in Winston-Salem. His father, Gilbert Hartis, Sr., was named Pharmacist-of-the-Year in 1979 by the North Carolina Pharmaceutical Association.

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Called *About Your Medicines*, these volumes include lay language information on proper use, precautions, side effects, interactions and storage for the most widely prescribed generic and brand name drugs on the market today.

About Your Medicines is now available to pharmacists as a complete Reference Edition for in-store patient use. An inexpensive Consumer Edition, including the 200 most frequently prescribed drugs, is also available for direct sale to the patient. Along with the standard *USP DI*, these volumes work to provide all those who prescribe, dispense, administer or take medicines with current information on drugs and their use.

THE USPC IS NOW OFFERING:

- *1981 USP DI*—the standard drug information volume for health care professionals at $18.75 each.
- *About Your Medicines (Complete Reference Edition)*—an 8½" x 11" soft cover copy of the entire "Advice for the Patient" section of the *USP DI* at $8.95 each.
- *About Your Medicines (Abridged Consumer Edition)*—a handy paperback edition for sale to customers covering the most frequently prescribed medications found in the reference edition. Suggested retail price is $4.50.

The paperback comes in pre-packaged display boxes of 12 volumes with a free "Ask About Your Medicines" poster. Also included is a free 3" x 2" ad promoting the *About Your Medicines* publications, for insertion in your store's own newspaper display ads.

To order the new 1981 *USP DI* and both versions of *About Your Medicines*, just use the coupon below.

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*Maryland residents add 5% sales tax

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The *Wake County Pharmaceutical Auxiliary* had a delightful tour and luncheon at Burroughs Wellcome Co. on February 25th. Ms. Blenda Morris was tour guide and hostess. Immediately following the luncheon Ms. Velma Brown, president, had a short business session. Human Abuse was discussed and two projects were planned for the Women's Abuse Center—carpeting and toys. It was announced that the Auxiliary has ten new members this year.

SPANISH TRANSLATION AVAILABLE

A Spanish translation of commonly used pharmaceutical phrases and words prepared by Barbara Hinton, McCain Hospital, is available from the NCPhA at no charge. The listing includes Latin, English and Spanish terms, and should be of interest to pharmacists who serve Spanish-speaking patients.

STOLEN Rx BLANKS

Forged prescriptions for Dilaudid on the stolen blanks of Dr. A. J. Defranzo, Duke Medical Center have appeared. Be alert for these forgeries.

NARD 1980-81 SPECIAL COMMITTEE APPOINTMENTS

In addition to the standing committees appointed by President Jesse M. Pike for 1980-81 reported in the December 1980 NARD Journal, President Pike has appointed the following members to the special committees listed from N. C.:

Committee on Education Pharmacy Curriculum
LeRoy D. Werley, Jr., Chapel Hill, NC

Health Supports & Appliances
Joe Paul Gamble, Jr., Monroe, NC

Multiple Locations
Joe Miller, Vice Chairman, Boone, NC

Nursing Home Task Force
Ernest J. Rabil, Chairman
Winston-Salem, NC

Women in Pharmacy
Evelyn P. Lloyd, Hillsborough, NC

PHARMACY PARTICIPATION KIT FOR CONFERENCE ON AGING PUBLISHED

APhA and the American Association of Colleges of Pharmacy distributed the 1981 White House Conference on Aging (WHCOA) Pharmacy Participation Kit in November.

The kit is designed to encourage active participation by pharmacists in all phases of WHCOA activities, including community forums, state conferences, substate and regional hearings leading up to the main conference in Washington, D. C., on November 30 through December 3, 1981. The kit is a step-by-step guide to how pharmacists can become involved.

The opportunities for pharmacists in WHCOA activities are numerous. They can learn more about the overall needs and concerns of our aging population, work with consumer and professional groups to identify priorities and alternative courses for future action, and take part in recommending national policy and federal programs on drugs and the elderly to the President and Congress.

All state pharmaceutical association executives and all college of pharmacy deans in the nation have received a copy of the kit, which includes a listing of WHCOA state coordinators and of area aging agencies, recent literature references and excerpts, case studies and consumer information.

BROWN NAMED FORSYTH PHARMACIST-OF-THE-YEAR

Priscilla C. Brown, UNC-Chapel Hill '73, was honored at the December meeting of the Forsyth Pharmaceutical Society as the Pharmacist of the Year. Ms. Brown is a pharmacist with K-Mart Pharmacy in Winston-Salem, N. C. Among her credits, Ms. Brown has been a past president of the Forsyth Pharmaceutical Society, Chairman of the N. C. Pharmaceutical Association Women in Pharmacy Committee, member of the American Pharmaceutical Association Public Affairs Committee, and a member of the National Health Council's Regional Planning Committee. In 1978, she was inducted into the N. C. Academy of Pharmacy Practice. Priscilla is married to Len Brown and they reside in Germanton, N. C.

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Agostinucci, William A.
Greensboro, NC
Brittingham, Susan Dianne
West Columbia, SC
Chandler, Ronnie Lee
Roxboro, NC
Daniels, Thomas Birl, Jr.
N. Clearwater, FL
Dickerson, Bruce Edwin
Roxboro, NC
Foust, William Earl
Greenville, NC
Friday, Stephen Edward
Gastonia, NC
Gordon, Rodney Sloop
Mebane, NC
Grove, Maureen Barbara
Charleston, SC
Guffey, Kevin Wallace
Carrboro, NC
Hood, Keith Gordon
Raleigh, NC
Hooks, Mary McNeill
Lake Waccamaw, NC
Howard, Ben Coleman
Whiteville, NC
Huff, Shannon Candace
Stoneville, NC
Huntley, James Charlton
Southern Pines, NC
Idol, Karen Lynn
Kernersville, NC
Jenkins, David Thomas
Raleigh, NC
Kessell, Glenda Harbin
Gastonia, NC
Labadie, Carol White
New Bern, NC
Lindsay, David Michael
Raleigh, NC
Lowry, Fred Wilson, Jr.
Statesville, NC
Madison, Christopher Eric
Lenoir, NC
Melin, Nancy Virginia
Raleigh, NC
Nowell, Lydia Jan
Durham, NC
Owens, Donna Jean
Winston-Salem, NC
Parker, Terri Denise
Durham, NC
Schwinn, Florence Celeste
Wilmington, NC
Singletary, Carol Hopper
Carrboro, NC
Styron, Simon Oliver
Pine Level, NC
Styron, Wade Baker
Pine Level, NC
Teal, Benjamin Earl
Hoffman, NC
Toth, Larry James
Cary, NC
Weaver, Hope Wester
Oxford, NC
Whitley, Theressa
Durham, NC
Wood, Sara Moses
Raeford, NC
Woodard, Benjamin Thomas, II
Lucama, NC
Wyrick, Bryan Keith
Greensboro, NC
Young, Stuart Ray
Mebane, NC
Zimmerman, Charles Edward
Chapel Hill, NC

The Northeastern Carolina Pharmaceutical Society held its first regular meeting of 1981 on February 11 at the Holiday Inn in Williamston. New President J. Howard Garrett presided. Charles E. Woodard is the new Vice-President and James B. Bryant is the new Secretary-Treasurer. An informative slide presentation and talk on peridontal disease and related dental problems was given by Dr. Ray Garrison, Director, Dental Program, Department of Family Practice, East Carolina School of Medicine. Our guests included June Hall, pharmacist at Eastern AHEC in Greenville and four women 5/5 students from Chapel Hill assigned in our area for this semester. Approximately 31 people were in attendance.

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ILLEGAL ACTS

PHARMACISTS FIRE AT ARMED ROBBER

An armed masked man who robbed a High Point Pharmacy dropped cash and narcotics worth more than $2000.00 in the parking lot after being shot by at least one of the two on-duty pharmacists.

The robber forced Ernest Anderson at gunpoint to give him $1,328.81 and $1,000.00 worth of Schedule II narcotics, which the bandit placed in a green plastic garbage bag. The man then forced Ernest Anderson, Bill Anderson, a customer and one employee to lie on the floor for five minutes. As the gunman was leaving Bill Anderson grabbed a shotgun and Ernest Anderson a .22 caliber pistol from under the counter and began firing. The robber looked around and then ran out the door. The brothers kept firing, shattering plate glass windows in the store front and peppering merchandise with the buckshot. A man fitting the description of the robber has been arrested in Alamance County when he entered the hospital there for treatment of multiple buck shot wounds.

The holdup was the third time that weapons have been pulled on store employees. Both weapons used by the pharmacists were loaded before the incident and they were within easy reach of both pharmacists. "If the people knew just how dangerous this is, they'd stop and think," Bill Anderson said. "The merchants and store owners are getting fed up. They're realizing that the only thing to do is to kill a man. When a man walks through your front door with a gun, he's just asking for it."

WINSTON-SALEM

Bobbitt's College Pharmacy was robbed Sunday, December 14, 1980, by an armed bandit. The man entered the store about 5:30 p.m., drew a pistol and ordered the pharmacist to hand over Quaalude, Dilaudid and Percodan. About 1,000 tablets were taken. No customers were in the store at the time and neither the pharmacist nor the clerk was injured.

WALKERTOWN

Crown Drug Store was the scene of a night break-in early Thursday morning, January 21. About one thousand dollars worth of drugs was reported missing, including controlled substances. The intruder broke the glass in the front doors and the alarm system malfunctioned.

SYLVA

Cocaine and Codeine with a street value of about one hundred thousand dollars taken in a break-in at Eastgate Pharmacy were recovered Monday, February 9 near Waynesville. The drugs were turned over to the SBI and taken to a bank vault for storage.

FAYETTEVILLE

The Medicine Shoppe was robbed Saturday, January 31 by a man carrying a sawed-off shotgun. The robber forced employees and one customer to lie on the floor and fled with $148 worth of controlled substances.

WILSON

A Wilson man found inside Fairview Pharmacy the morning of January 20 was charged with two felonies; breaking and entering and possession of stolen goods from another break-in. Officers responded to an alarm at the pharmacy and found two locks cut on the side door. The thief was discovered in the front area of the building.

P. D. NOW

David A. Clark, P. D.
Executive Director
Indiana Pharmacists Association

Now is the time to adopt the uniform designation of P. D. for *all* pharmacists. The P. D. designation carries with it the title, Doctor of Pharmacy. Now is the time to correct some of the mistakes that have been made in the past.

Pharmacists must join together now and remedy the mistakes that were made in 1918, 1932, 1948, 1950, 1960, and are still being made today. These "mistakes" relate to the fact that we have not awarded a "Doctor of Pharmacy" degree traditionally to the people who graduate from pharmacy school. At each of these times we have had the opportunity to grant a "Doctor of Pharmacy," and have not done it. Pharmacists deserve the recognition of the title Doctor of Pharmacy, but the times have passed us by—until now.

16 SCHOOLS ANNOUNCE—DROPPING B.S. PROGRAMS!

As you know the Pharm.D. degree, which carries with it a Doctor of Pharmacy title, is now awarded for the completion of six years of pharmacy school. This degree has been adopted by many schools and now pharmacy schools are abandoning their five year B.S. programs and granting *only* the six year Pharm.D. degrees.

Schools have begun to grant Pharm.D. degrees to *some* pharmacists, and we have been satisfied to let the educators tell us they are a "new breed" and "special" kind of clinical pharmacist. How many other professions have allowed the educators to upgrade the educational standards and *not* "grandfather" the existing practitioners? You already know the answer—none of them! They *all* have grandfathered the new degrees or titles to their present practitioners. We want to make certain that the four and five year B.S. graduates are not left with an *obsolete degree and title.*

TRANSITION PERIOD?

We believe that it is unthinkable that our schools are training two levels of pharmacists, who will have different degrees, different titles and both practice under exactly the same license with exactly the same powers and limitations. How can both be correct? It's a transition period they may say, but let's not be *victims* of the transition.

JOB DISCRIMINATION?

Many schools are eliminating the B.S. program and granting *only* the Pharm.D. As this trend continues, and it will, there will be more and more Pharm.D.'s and fewer and fewer B.S. graduates—*and* more and more pharmacy school trained two year *pharmacy technicians.* How will all of this affect you and your employability in 10 or 15 years? It will have a profound effect if we don't do something *NOW.*

When most, or all new pharmacy graduates receive a Doctor of Pharmacy degree (Pharm.D.) will you, the pharmacist with a B.S. degree, be satisfied to try and compete for jobs with younger pharmacists who are *all called "Doctor?"* IT WILL AFFECT JOBS!

THIRD PARTY RESPONSE

Will the title "Doctor of Pharmacy" help our ability to be paid by the public for the services we now give away, such as consultation? Will the "Doctor: title give us a better bargaining position with 3rd Party payors? The obvious answer is "yes" because the *lack* of a "Doctor" title will hinder us when others *are* entering the profession with a "Doctor" title.

Anyone who says there is "nothing in a title" doesn't understand human nature—*or already has a title.*

If we did not grandfather the Doctor title to all pharmacists we would be creating a *second class* of pharmacists who will be discriminated against by the difference in titles. We can't let that happen.

The schools have said that they would try and make it easier for us to come back to school and earn a Pharm.D. To ask pharmacists to return to school to get a Pharm.D. would be economically unfeasible and create family and personal hardships. Other professions did not require the practitioners to return to school.

PHARMACY EDUCATION—OUT OF STEP . . . BUT IT'S NOT TOO LATE!

Unfortunately, pharmacy education has been out of step with the other professions for years by not granting a Doctors degree to all practitioners. We have been one step behind in the professional evolution of pharmacy education and *it is you, the practicing pharmacists, who have paid the price.* The decision

was made to require a four year B.S. degree for all pharmacists to begin in 1932 when other professional schools were granting Doctorates. We missed the boat. In 1948 the Elliott Report recommended two years of college and then four years of pharmacy college, leading to a (Pharm.D.) Doctor of Pharmacy degree that would reward the pharmacist with the recognition earned and deserved by other health care professionals. What did our leaders do? They *compromised* and went to a five year program and still offered only a B.S. degree, not much of a bargain as many of us know first hand. One school in California started granting a Pharm.D. (Doctor of Pharmacy degree) in 1950 as the only degree they offered in pharmacy school. This trend was later followed by many other schools.

Now we have: Some schools offering a Pharm.D. only; some schools offering both B.S. and Pharm.D.; some schools offering B.S. programs only.

Where did this lead us? We now have pharmacy schools offering two different practice level degrees, with two different titles but—remarkable—*all* practicing under exactly the same license. If this sounds odd to you, you're not alone! You may not think it's a big problem now but why wait until it *is* a major problem to *do something about it?* Why should we be willing to settle for less than all the other professions. We need to adopt a uniform designation that tells everyone we are a pharmacist and carries with it at least the *title* Doctor of Pharmacy.

WHY THE P. D.?

We now need to determine what designation would be appropriate, dignified, have historical significance and be readily identifiable. A total examination of our predicament calls for looking into the future for what will likely happen, looking to the present for what is going on now, looking into our professional history to see what our great leaders of the past have offered to our predecessors. Because the Philadelphia College of Pharmaceutical Sciences (PCP) was the first pharmacy school in the United States (founded—1822) we have used that school as the major source of historical information, since this school is a historical barometer of our profession's development. In 1893, a very farsighted and influential pharmacy educator and practitioner, became Dean of the Philadelphia College of Pharmacy (PCP). It was his very strong conviction that a Doctor of Pharmacy title was essential for pharmacy practitioners. As a result of this influence, PCP began issuing a diploma for "Doctor of Pharmacy" which carried the designation P. D. The P. D. was granted from 1895 until 1917. The spearhead of this concept of the necessity of a "Doctors" title was none other than *Joseph P. Remington,* one of pharmacy's great visionaries and leaders, who wrote Remington's Practice of Pharmacy, and in who's name the Remington Medal is awarded for outstanding pharmacy achievement.

What better historical precedent could be found for deciding on *the* uniform designation for all pharmacists than the actions of Joseph P. Remington? The mistake that was made in 1918, after Remington's death, was the reversion to a pharmacy curriculum that granted the Ph.G. (Pharmacy Graduate) for a two year program, and abandoned the Doctor of Pharmacy program. *All pharmacists have been paying for that mistake ever since.*

DEFINITION OF TERMS

A "designation" is—the *initials* used to express the identity of a person or professional person in our case. Examples: M. D. for physician; O. D. for Optometrist; J. D. for attorney; P. D. for pharmacist. The P. D. designation will be used for all pharmacists, regardless of their level of education just as has been done with all other professions.

Advanced professional degrees such as Pharm.D. and advanced research degrees such as M.S. and Ph.D. will be used after the P.D. designation. Examples are as follows:

James R. Smith, P.D.
James R. Smith, P.D., M.S.
James R. Smith, P.D., Ph.D.
James R. Smith, P.D., Pharm.D.

The Pharm.D. degree should not be confused with advanced *research degrees* such as an M.S. or Ph.D. The use of the P.D. should in no way detract from the prestige of the Pharm.D. degree.

A title is . . . a distinctive designation or a descriptive name, given to persons by virtue of rank, office, or privilege; or as a mark of respect.

WHAT'S THE ANSWER?

The Board of Directors of the Indiana Pharmacist Association has voted to change

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Following in the tradition of the CIBA Pharmacy Horizons program, a new continuing education program on hypertension is now available to the profession of pharmacy through CIBA Representatives.

Accredited by the American Council on Pharmaceutical Education, each completed unit provides one or two credit hours, depending on the average study time required.

This comprehensive continuing educational program covers a variety of subjects relating to all aspects of hypertension that will provide a broad foundation for the counseling of your hypertensive patron-patients.

For further information on the new continuing education program on hypertension, please contact your CIBA Representative.

CIBA

19R-9264

the designation from R. Ph. to P.D. The designation will carry with it the title "Doctor of Pharmacy." Pharmacists are *not registered* they are *licensed* and this makes R.Ph. totally wrong no matter how "comfortable" some of us have become with this inaccurate designation.

It may be interesting to note that the legal profession did almost exactly what we are proposing. They even went, as we are doing, back into the past and chose the designation J.D. (Juris Doctor) which had been suggested as early as 1904.

Some may accuse pharmacists of just wanting more prestige or even being on an ego trip. Let them say what they want. We want and need uniformity in professional titles as granted to all other health care professionals. Isn't it interesting, that the people who tell us there is "nothing in a title" are the people who already have the title.

SUMMARY

A review of the past and present circumstances surrounding pharmacy education and the dual degrees now being offered, and the fact that all schools will almost certainly one day be granting only a doctors degree, leads to only one conclusion.

Our profession must do as other professions have done and adopt a uniform designation that accurately identifies its practitioner and carries with that designation the title of "Doctor."

Recently, Anne Penn Memorial Hospital, Reidsville, was recognized for the filling of one million prescriptions. Samuel Richberg, Left, Abbott Laboratories Sales Representative, is shown presenting an inscribed Abbott Achievement Award to Paul Tuterow, Director of Pharmacy, Right.

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DEAN'S MESSAGE

In a Dean's Message in the Script last year I wrote a somewhat blistering commentary on the self-annointed, unearned P.D. (Doctor of Pharmacy) degree. For those of you who do not remember, please allow me to quote a short paragraph.

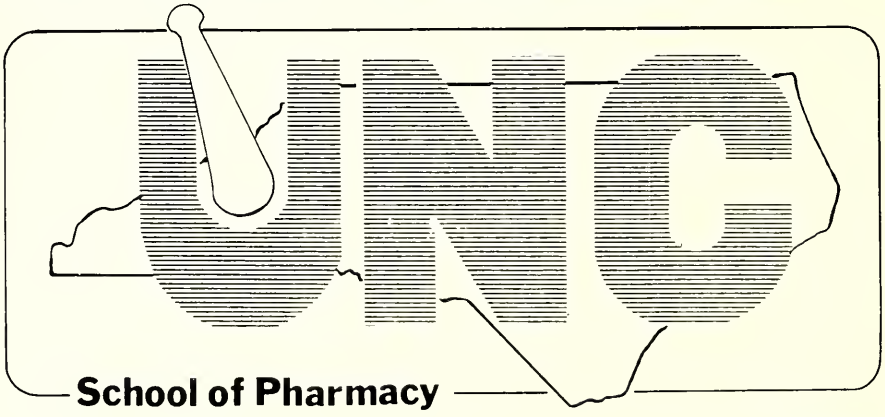
> "The retroactive designation of P. D. for all pharmacists is amoral, irresponsible, and unethical and, from an academician's viewpoint, charlatanism. From Roget's Thesaurus—it is 'wolf in sheep's clothing,' 'ass in lion's skin,' and 'jackdaw in peacock's feathers.' "

I note with some concern that national organizations have discussed and are discussing the P. D. designation in all seriousness, and at least one major organization's House of Delegates has endorsed this concept. Some have argued that in the beginning individual health professions chose the Doctor title for themselves and that all health professionals have the legal and professional right to choose professional titles.

Personally, I feel that one of the biggest strategic errors educators made was to retain the baccalaureate degree for five and often more years of study. An examination of the current five-year pharmacy curriculum will show that, qualitatively and quantitatively, it is equivalent to or surpasses some M. S. programs in a variety of disciplines. I cannot, however, justify, by any means of my imagination, the P. D. degree for *all* pharmacists since Doctor of Pharmacy degrees have been granted by some schools for a number of years and perhaps more years than some would care to remember. My point is that the professionals involved are receiving the Doctor of Pharmacy degrees and designated as such. The self-annointed P. D. could be a label for 3, 4, or 5 year graduates and could be misrepresented as the bona fide, earned doctor's degree.

If the proponents of the P. D. designation believe there is fragmentation and confusion now, what will happen should we have two types of doctor's degrees in pharmacy? Specialization is one thing, but an earned and unearned doctor's degree is another.

Current discussions would indicate that some B. S. pharmacists desire the opportunity to extramurally earn the pharmacy doctorate. I salute this group! Educational institutions must meet the challenge in an innovative manner. It is gratifying that the American Pharmaceutical Association is making an attempt to facilitate the implementation of this process.



THE ROLE AND TRAINING OF TECHNICIANS IN THE HOSPITAL PHARMACY

By Julie Hall (3/5)

***PHARMACY STUDENT WRITERS** The following article is the second in a series of articles selected for publication in Script from papers written by 3/5 students in Pharmacy 21—Drugs, the Pharmacist, and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy, but are chosen for their style, information, and quality of writing.*

As the role of the pharmacist changes from being "behind the counter" to being more patient-oriented, the need for supportive personnel or technicians increases. To allow the pharmacist to spend more time in the professional aspects of pharmacy, his traditional duties such as dispensing medications and record keeping need to be distributed to other personnel who are less highly trained.[1]

Pharmacy technicians have been used for many years in the hospital setting.[2] Their duties are usually of the more technical nature, such as filling patient cassette drawers with the prescribed medications, maintaining inventory, keeping records of the patients' charts or charges, packaging and labeling medications, and making IV admixtures. These nonprofessional (i.e., nonjudgmental) duties of the technicians must oftentimes be supervised by a pharmacist, depending on the state laws.[3]

The amount of time that the technicians are able to save a pharmacist depends upon the qualities of the technicians and the organizational ability of the pharmacist. The more functions that a technician is able to perform without supervision . . . the more time that is available for the pharmacist to utilize his professional talents.

Hospital expenses can also be cut by the use of technicians since many of the duties performed by the technicians would otherwise be done by pharmacists. Since a pharmacist's wage is many times that of a technician, wage expenditures can be greatly reduced by employing fewer pharmacists and a greater number of technicians.[4]

There are no required qualifications for pharmacy technicians. Their training prior to employment can vary from a high school education to a two-year program at a technical school. Most hospital pharmacy technicians have informal, on-the-job training only.[5]

Usually technicians with only informal training have no more than high school educations and little chance for advancement in their jobs. Some hospitals supplement this education with a general training program within the hospital. This program usually consists of lectures, demonstrations, and evaluations. Technicians with this supplementary training usually find they have greater job flexibility.[6]

The most extensive training program for pharmacy technicians involves lectures, workshops, practical experience, and examinations at a technical school from a period of six months up to two years. One of the drawbacks of these structured programs is that they do not provide proper communication and interaction with health professionals that on-the-job training provides.[7]

More structured training programs and standards will be designed as the need for pharmacy supportive personnel grows and their duties become more well-defined. No matter how technicians learn their trade, the fact remains that they are an indispensable part of the hospital pharmacy.

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7. Ibid.

DRUG INFORMATION REPORTS

Caffeine and Pregnancy[1]

The FDA has advised health practitioners to counsel patients who are or may become pregnant to avoid or limit consumption of foods and drugs containing caffeine.

Studies recently conducted in experimental animals indicated that caffeine fed by gavage resulted in birth defects in rats. Additional studies are now being conducted in which rats will sip the caffeine in their drinking water during pregnancy. Caffeine does cross the human placenta; however, it is not known whether caffeine is teratogenic in humans.

Until more evidence is available, the FDA's position on caffeine and pregnancy is one of precaution. The agency encourages health professionals to inform patients about the potential danger and products which contain caffeine.

Product	*Approximate Mg Caffeine*
Cup of coffee	75-155
Cup of tea	9-50
12 oz. cola drink	30-60
Cup of cocoa	2-40
1 oz. solid milk chocolate	6
OTC stimulant tablet	100-200

[1] Anon. Caffeine and pregnancy. FDA Drug Bulletin 1980; 10: 19-20.

FACULTY PUBLICATIONS AND ACTIVITIES

by Jan Boyt

DEAN TOM MIYA participated in a task force to address modifications in the Delaney Clause, at the request of the General Accounting Office, on December 29-31.

DAVID RUDD, Assistant Professor, Division of Pharmacy Practice, with J. HULL, C. MORRIS, AND K. HULL, has published: "Estimating Creatinine Clearance in Children: Comparison of Three Methods," in *Am J Hosp Pharm*, Nov. 1980, Volume 37.

PATSY S. HUFF, Clinical Instructor, Division of Pharmacy Practice, has published the paper "Safety of Agents Used for Nausea and Vomiting in Early Pregnancy" in *Current Practice,* Vol. 1, No. 4, Dec., 1980.

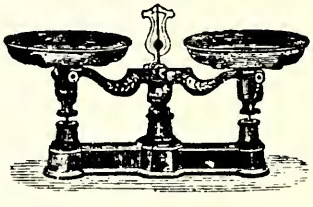
JEAN PAUL GAGNON, Ph.D., Professor and Head of Div. of Pharmacy Administration, has published in *Medical Marketing and Media,* October 1980, the paper "Pharmacy Services: Achieving Equitable Reimbursement."

K. H. LEE, Ph.D., Professor of Medicinal Chemistry, was invited speaker on Nov. 26 at the Dept. of Organic Chemistry, UNC-CH, where he spoke on "Antitumor Sesquiterpene Lactones—Isolation, Structure Determination, SAR, and Mechanism of Action." He was also invited speaker at the Dec. 2 meeting of the Dept. of Pharmacology, UNC-CH, where his topic was "Novel Plant Antitumor Agents and Their SARs and Mechanisms of Action."

DALE E. WURSTER, Ph.D., Asst. Professor of Pharmaceutics, attended the Academy of Pharmaceutics in San Antonio during November. While there he presented the paper "Dissolution Testing of a Combination Drug Product Using a Totally Automated RPLC Method," written in conjunction with WILLIAM A. WARGIN, Ph.D., and MARTIN DEBERNARDINIS, JR.

FRED M. ECKEL, Professor and Head of Division of Pharmacy Practice, chaired the APhA's Policy Committee meeting on Professional Affairs held on Jan. 9-11 in Washington, DC.

TIMOTHY E. POE, Pharm. D., Dept. of Family Medicine, Bowman-Gray School of Medicine and Clinical Professor, AHEC, published "Total and Free Salicylate Concentrations in Juvenile Rheumatoid Arthritis" in *J of Rheumatology* 7(5): 717-23, 1980, with MUTCHIE, KD; SAUNDERS, GH; HANNISSIAN, AS; and SOTELLO, CA.



SIGMA XI UNDERGRADUATE AWARDS

For the second year in a row, the School of Pharmacy has made a splendid showing with the Sigma Xi Undergraduate Awards. Last year two students in the School received awards for their research. This year there were eight awards given on campus, and three went to our students. These students, with their proposed studies, are:

SUZANNE BLAUG—"Sensitivity of Five OTC Pregnancy Tests"

MICHAEL K. JOLLY—"Factor VIII Activity in the Thromboembolic State"

SUSAN HIGGINS—"Specificity of Five OTC Pregnancy Tests"

Their faculty advisors are Stephen M. Caiola, Ralph Raasch, and Betty Dennis, respectively.

The students will present the results of their year-long studies in mid-April at the Sigma Xi Undergraduate Research Symposium.

Susan Higgins

Suzanne Blaug

Mike Jolly

ADAM'S RIB?

The following paragraph is an excerpt from a letter sent to Dean Miya recently. Need I say more . . .?

I recently received the beautiful historical sketch of the first 100 years of the School of Pharmacy at the University of North Carolina and appreciate the best wishes that Carolyn Clayton sent us on behalf of your School. In reading Ms. Clayton's letter, I noticed that she made reference to pharmacy as "the oldest health profession known to man." I think I have to challenge that in view of the fact that medicine is probably the oldest one, especially when you think of the biblical fact that Eve was created from Adam's rib. There's no doubt that this was a surgical procedure, and, therefore, medicine must take the claim of being the oldest health profession. As far as the oldest profession is concerned, medicine is probably preceded by engineering because again, according to the Bible, the Lord created the earth out of chaos and that obviously must have taken an engineer. Undoubtedly, even older than that must be the legal profession because I'm sure they were responsible for the chaos prior to the creation of the earth. So I just wanted to be sure that the record is straight here and that your Director of Public Relations is not quite right in her statement.

Eberhard F. Mammen, M.D., Dean
Wayne State University Collge of Pharmacy
and Allied Health Professions

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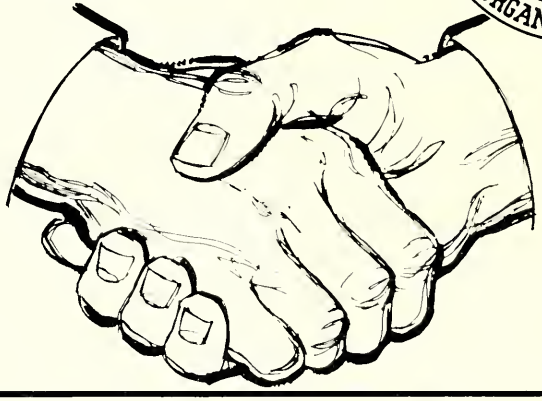

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BIRTHS

Paul Ronald and Teresa B. Jenkins of Murfreesboro are pleased to announce the birth of their daughter, Laura Michelle. She was born on January 13th and weighed 7 pounds. Paul is a 1950 graduate of the School of Pharmacy.

MARRIAGES

Rebecca Elizabeth High and *Charles Andrew Tingen* were united in marriage on Saturday, February 7 in the Nashville United Methodist Church. Rev. Charles Morrison officated at the double ring ceremony.

The bride is a graduate of the School of Business, University of North Carolina at Chapel Hill. The groom is a graduate of the University of North Carolina School of Pharmacy and is employed at Glenn R. Frye Hospital in Hickory. The couple will make their home in Hickory.

PHARMACIST EARNS MBA DEGREE

Charles F. Swift, Greensboro, received the Masters of Business Administration degree from the University of North Carolina at Greensboro in December. His concentration was in management and marketing.

Swift, a 1976 graduate of the UNC School of Pharmacy, will present a paper on pharmaceutical marketing at the Annual Convention of the Academy of Marketing Sciences to be held in Miami in late April.

PHARMACIST SEEKING POSITION. 1978 Graduate seeks position in Greensboro area. Experienced in hospital and retail. Willing to work in temporary job until permanent position is available. Contact Gloria Butler, 1905 Natchez Trace, Greensboro, NC 27408. (919) 282-3986.

DEATHS

Adrian E. Galloway

Adrian E. Galloway, Matthews, died Friday, November 14, 1980 in Presbyterian Hospital, Charlotte, at the age of 68. He had been associated with Ecker Drug Store since 1956. Galloway retired in 1979.

He was a member of the N. C. Pharmaceutical Association, the Mecklenburg Pharmaceutical Society and the Hawthorne Lane United Methodist Church.

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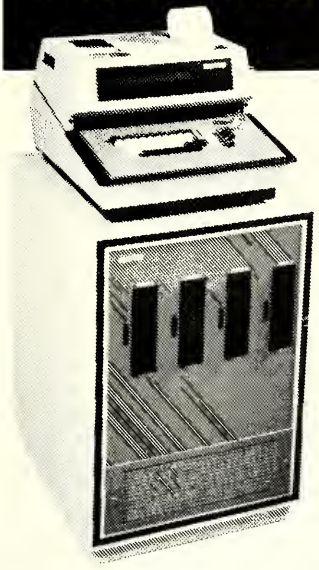

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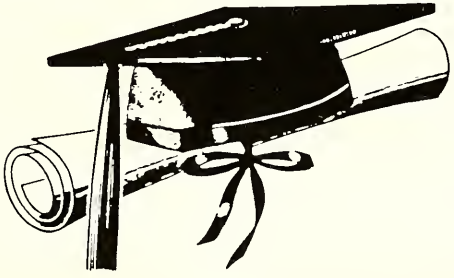

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THE WATTS LINE

Jack G. Watts
President, NCPhA

PROGRESS

One of the Principles written across the papers of history is, "Progress or step aside." Is there a man/woman in pharmacy who at some time has not asked themselves the question, "Am I really getting any place?" Was the answer in the affirmative or negative?

Everything in a person's life is based upon principle. It follows a divine law. And the law of prosperity and abundance is just as real as the sun rising and setting. It is a mental law. We are creatures of our convictions. We cannot get beyond what we think or believe. Therefore, if we think we are a failure, we are. If we think we are beaten, we are. If we think conditions are bad, they are. If we think we can be successful, we can be.

Everything that has been accomplished by the hand of man/woman had its origin in the mind. The goal was first visualized, a plan was laid out, the ways and means of working that plan was thought through, and then the plan was worked out to completion. The plan is the first thought, then hard work applied skillfully in that direction will, without a doubt, accomplish worthwhile results. There will be obstacles, many of them all along the way, but the real man/woman gets a kick out of overcoming them.

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This will be the last article as your President that I will write for the Journal. Do one last thing for me—Go back and read each of the articles I have written each month. If you can answer the articles in the affirmative . . . then you have made PROGRESS this year, and so will I have made PROGRESS as your President.

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FREEDOM AND ABILITY TO MANAGE

William S. Apple, Ph.D. President
American Pharmaceutical Association

Presented at the 15th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice, February 18, 1981, Institute of Pharmacy

The demands of APhA's day-to-day operations and the burgeoning impact of new health care issues, government regulation, and economic concerns, all have made time a precious commodity. These problems impact both directly and heavily on the profession of pharmacy, and most of them must be addressed immediately and directly in Washington.

Today, I intend to begin mapping out for the profession directions which I believe pharmacists can and must pursue to assure pharmacy's future viability in the health care system. We can appreciate that the health care system is everchanging. We need to study how pharmacy will adjust to such changes in both professional and economic terms. First we should establish the contemporary context in which this search must proceed.

Only four weeks ago, there was inaugurated in Washington a new President of the United States who rode to power on what political analysts now evaluate as a clear mandate to change the direction of our federal government in its relationships both with local government and with individual taxpayers. Those experts who made close election predictions failed miserably to gauge the mood of the electorate.

While it is true that motivation and interest in specific issues differs among various groups in our society, the overall message delivered by the voters last November is that the country is ready for a major shift in government policy and in government impact on individuals and institutions.

Having received both the message and the mandate from the voters, what can President Reagan and his advisors be expected to do? Well, there is no master switch hidden in a concrete bunker in Washington which the President can throw to turn the country's fortunes around. To use an unoriginal phrase, change is likely to be "evolutionary, rather than revolutionary." Despite the usual "throw the rascals out" campaign rhetoric, the new Administration gives every appearance of proceeding cautiously so that it does not "throw the baby out with the bathwater." Nonetheless, one does not need a crystal ball to observe certain unequivocal facts.

Most pharmacists have been praying for an antitrust exemption which would permit them to negotiate collectively the fees private third-party programs would pay pharmacists for their services. Many pharmacists have been led to believe that such an exemption is likely to be a benefit of a conservative Administration and Congress, but such a change hasn't even reached the rumor stage outside of pharmacy.

It is a hard fact of economic life that as long as pharmacists are willing to provide their services at the prices third party buyers are offering, those prices will not significantly change. While pharmacists can legally engage collectively in political activities aimed at getting the government to help redress their losses from participating in government programs, concerted action regarding fees is not available to them when addressing private programs. Pharmacy leaders can publicly express all the indignation they want about the number of pharmacists who have been forced out of practice and the gross injustice of it all, but as long as there is an adequate supply of pharmaceutical service available to meet the needs of their constituents, there is little economic or political incentive for either private or government programs to react voluntarily in a favorable manner.

As I previously pointed out, the current period of economic hard times isn't going to terminate overnight. Although pharmacy has taken some pretty good shots over the past several years, there is no reason for us to expect that any of them will immunize the profession from the many strains of economic malady which are now reaching epidemic proportions. This is also true with regard to the economics of the entire health care system. While there will be a good deal of tugging and hauling, it appears that even the most influential health care providers—

(Continued on Page 9)

SCENES FROM THE 15th ANNUAL SEMINAR ON SOCIO-ECONOMICS

Paul Beck, M.D.
"The Aging Patient"

Armistead Lee
"Pharmaceutical Costs"

Steve Moore
"PPI's"

Don Fletcher
"Pharmacy (In) Security"

physicians and hospitals—will not be untouched by future developments designed to stabilize and even to reduce the costs of health care in the United States.

Nothing in our current health care system—including even the venerable Medicare and Medicaid programs—will be held to be sacrosanct. And for that prophecy, you need only review the transcript of the Senate confirmation hearing of HHS Secretary Schweiker.

In the rank order of Reagan Administration priorities, while Medicare has had its share of problems and is therefore destined for its share of solutions, the real target likely will be the Medicaid program.

I can recall no government initiative that has come under greater fire from all sectors than the Medicaid program. I doubt that anyone can be found who would not have one complaint or another about Medicaid even though those complaints may attack the program from different directions. Let me illustrate.

The federal government is unhappy with Medicaid because there is no practical Federal control over the programs as they are operated by the individual states. Thus, the Federal bureaucrats have responsibility for regulating the program, but little means of exercising practical enforcement authority.

The states are unhappy with Medicaid because the program has brought many of them to the brink of bankruptcy and, at the same time, state administration of the program is attacked by Federal authorities, providers, and even the program beneficiaries.

Providers are unhappy with the program for its generosity in the paperwork department and its stinginess in the reimbursement area.

Beneficiaries are unhappy with the program alleging poor administration and inadequate services based, in part, on the unwillingness of many providers to participate in the program.

And, finally, taxpayers are unhappy with the program as an inefficient and inordinately expensive drain on the state's treasury.

Where do pharmacists stand with regard to Medicaid? Throughout the program's history there has been substantial pharmacy schizophrenia on the subject. For the most part, pharmacists have complained about the program but have wanted their representative associations to seek improvements in it. Pharmacists have wanted to fulfill what they see as their moral and professional obligation to provide pharmaceutical service to indigent patients, but they have rebelled against unnecessarily burdensome administrative requirements and subsidizing the program by absorbing losses from what they claim are inadequate fees.

In recent months, however, I perceive that the mood of the profession with regard to Medicaid has changed. Except for those pharmacists whose very existence is dependent on Medicaid—or for those pharmacists who have no Medicaid patients at all—the message I am hearing from pharmacists is that they would be pleased to have the entire Medicaid program scrapped immediately. Depending upon the individual pharmacist's practice mix, the same sentiment is widely expressed with regard to third-party programs generally.

As it happens, the Reagan Administration and the Congress may well scrap Medicaid, but if that occurs, it will be for reasons which may differ substantially from those advocated by pharmacists and other health care providers.

The Reagan Administration is moving ahead to deregulate the economy and return it to functioning uninhibited by government dictates and regulations. Speaking in a different context, Dr. John Goodman, Director of the Center for Health Research at the University of Dallas, recently observed: "Most of the problems we encounter in the market for health care arise not because the free market has failed but because it has not yet been tried."

As I see it, this approach to the economics of health care and cost containment will return the health care system to the principle which is the keystone of the nation's economic policy—vigorous, unfettered competition in the marketplace. And, in so doing, it will further that most warmly held and vocally expressed goal of pharmacy practitioners—the preservation and encouragement of the "free enterprise system."

Pharmacists should not miss the point that the principles involved in shifting the health care system to this competitive model have already been incorporated in a serious legislative proposal authored by Congressmen Richard Gephardt of Missouri and David Stockman of

(Continued on Page 11)

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Michigan. Mr. Stockman is the former Congressman from Michigan who is now Reagan's Director of the Office of Management and Budget. The Gephardt-Stockman Bill has already been reintroduced in the 97th Congress.

What does potential "deregulation" and increased competition in the health care industry forecast for pharmacists? My analysis is that it promises different things for different people. Competition has many effects and can serve as an influence in many different directions. I want to discuss some of these with you today. I hope to comment on others later this year.

I have previously noted that the pharmaceutical service money tree is withered and dying. Current and future competitive economic pressures are putting pharmacists in a position where they will be fortunate to hold on to what they now have on the income side of their ledgers. Increased pharmacy price competition resulting from initiatives to increase competition in health care services will add even stronger constraints on pharmacy's income side of the picture whether from third-party payment programs or the general public.

Assuming that a pharmacy is currently at a financial break-even point, if income is reduced and expenses increased, or even if income continues to increase but does not keep pace with increasing costs, it is obvious that reduction on the expense side of the ledger must be instituted to remain solvent and able to provide service to the public. Therein lies one set of answers for current pharmacy economic problems.

Every existing and contemplated pressure aimed at controlling the cost of health care dictates that, if they are to survive, pharmacists must find means to reduce their costs of operation and increase their efficiency. I hold that the performance of pharmacists as practice managers over the next ten years will control the economic destiny of the profession for generations to come. I will state unequivocally that the professionally competent pharmacist who is an incompetent manager will have no viable economic future in the profession.

Pharmacists who have been content with a 3.0% net profit on sales but who might have achieved a 3.5% net profit must be made to understand that they have, in fact, suffered a loss at the same time they have been "in the black." And, with pharmacy net profit margins being continually reduced, the line between profit and loss is too close to be determined at year end on an after-the-fact examination of the prior year's financial experience. Pharmacists must, and I am convinced can, acquire the necessary financial and administrative skills to daily manage their practices on a sound economic basis rather than the "whatever is left is for me" approach.

During pharmacy's affluent days, non-managing management sufficed for most pharmacy practices. But those days are over. Pharmacists must understand not only therapeutics, patient counseling, pharmacy laws and regulations and similar subjects, but they also must know how to remain on sound financial footing and, at least as important, they must know when and if the foundations of a financially sound practice are starting to crumble.

I cringe every time I hear a pharmacist complain about the inadequacy of third-party fees and then admit that he or she does not know what fee would be required to at least break even on such prescription dispensed. And the sad fact is that such a lack of knowledge and management ability is to be found among too many of today's pharmacy practitioners.

Management needs and deficiencies apply not only to owners and managers of pharmacy practices but also to employed staff pharmacists. Their personal economic welfare in the profession is dependent upon the financial success of the practices which employ them. The pharmacist who views an employer's financial problems as "his problem not mine" is likely to join those pharmacists who are suffering among the ranks of the unemployed. Pharmacy's economic doldrums, to put it bluntly, are not just the problem of those who have invested capital in the profession, they are also the problem of those who have invested only themselves in pharmacy upon their graduation and licensing.

This is not the time either for smugness or a "business as usual" attitude. Pharmacists must recognize that the answer to economic problems lies in upgrading their competence as practice managers and utilizing available management techniques and tools to create a financial outcome for their practices based on something other than blind luck—be it good or bad.

Pharmacists can move in this direction by becoming dedicated cost controllers themselves. Where can pharmacists begin to acquire the necessary skills and tools? One excellent starting

(Continued on Next Page)

point would be to study "UCAS"—the Uniform Cost Accounting System developed by APhA for use by all pharmacy practitioners and which to date—to be candid—has not received the utilization or interest it should.

Any pharmacist utilizing UCAS will have immediately available clear and usable data that will provide—on an ongoing basis—the current cost picture of a pharmacy practice. A pharmacist need not be an accountant to adopt UCAS. It has been reviewed and evaluated by a sufficient number of pharmacists to convince me that any practitioner is able to integrate UCAS into any typical community pharmacy practice and to begin reaping the benefits of the management information the system provides. UCAS will not require you to take steps you wish to avoid, and it will not make decisions for you. But it will help avoid making pharmacy management a game of "pin the tail on the donkey."

Another obvious means by which to help pharmacists increase management skills is to devote a substantial portion of the profession's continuing education efforts to these subjects. At APhA, we have established the Pharmacy Management Institute with a view toward providing pharmacists with management skill training so that they can competently address the full range of difficult economic issues which plague them.

The January issue of *American Pharmacy* includes an excellent article entitled "Business Investments: To Buy or Not?" In just a few pages, an expert industrial engineer sets out the analysis by which pharmacists can decide whether a capital investment, such as in a delivery vehicle, is a sensible move or whether other alternatives make more sense. Without such an analysis, the vast majority of the nation's pharmacists have no real basis—other than gut feeling—on which to evaluate this kind of expenditure of hard-to-come-by capital.

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For some pharmacists, moving now into the "computer age" in pharmacy practice will make economic sense. For others, a computer system at this time is economic nonsense. Right now, I sense that pharmacists are generally disillusioned about integrating computers into their practices. Many pharmacists have learned that such systems are extremely expensive and also that they often do not produce the kind of information that the pharmacists thought would be available.

The current state of the computer art as applied to pharmacy practice leaves pharmacists, for the most part, in the position of purchasing someone's software package, whether or not that package represents a good fit to the needs of the particular pharmacist. And, the lack of flexibility in computer systems is matched by the inability of most pharmacists to identify accurately their management and practice needs and to evaluate the capacity of any particular computer system to satisfy those needs. Consequently, many pharmacists have learned the hard way that they have purchased hardware and software intended to increase both the professional and administrative efficiency of their practices, but which, in fact, are not cost effective.

I do not want to discourage the integration of modern computer technology into pharmacy practice. In fact, I believe that the computer offers a real opportunity for increasing efficiency and productivity. What I am saying, however, is that no pharmacist should be advised to take this major step and make the kind of substantial capital investment required so long as that pharmacists is realistically in the position of "buying a pig in a poke."

Before spending their time and money on computer hardware and software, pharmacists owe it to themselves to spend some time and money learning about computers and equipping themselves to evaluate both the sales pitch and slick brochures offered by computer systems representatives. The pharmacist unwilling to make this kind of self-educational investment would probably be best advised to make a much smaller investment in a pair of dice rather than in a computer system. The nature of the two gambles is about the same.

There are other sound approaches to reduction of pharmacy costs. For example, it is vital to reduce the incremental costs imposed on pharmacy practice by the need to comply with a seemingly never-ending and ever-growing body of local, state and federal pharmacy regulations and paperwork.

While the country has generally seemed to embrace the goal of deregulation, there are those who buck the trend and continue to seek their objectives through mandatory government regulation backed by threats of civil or criminal law enforcement.

Unfortunately, when it comes to pharmacy, the "more regulation" advocates include persons both outside and inside the profession. There are too many pharmacists whose approach to every problem in the profession is "enact a regulation." Frequently, those who would rely on this remedy for perceived professional ills are well motivated. In other situations, the underlying purpose of the regulations proposed is blatant self-protection from one perceived threat or another. In any case, pharmacists must come to understand that no profession can survive if performance of professional obligations can only be obtained through government regulatory and law enforcement efforts.

No regulatory issue within recent years has commanded the attention of pharmacists like the "patient package insert" or "PPI" issue. The Food and Drug Administration obviously believes that it is its responsibility—not that of the attending health care professionals—to decide what drug-related information should be provided to patients. FDA has launched an effort to insert itself into the traditional physician-pharmacist-patient relationship. It seeks to impose on pharmacists by regulation a requirement to receive, store and distribute patient package inserts. Under the FDA plan, pharmacists would be required to absorb or pass on to patients all of the incremental costs created by such a regulation. The FDA mandatory PPI program has outraged the profession and other health care providers as well.

When APhA analyzed and criticized the FDA economic impact statement accompanying the proposed PPI regulations and pointed out that it grossly understated the cost of the PPI program, HHS officials did two things. First, FDA acknowledged that its initial cost analysis was

(Continued on Page 15)

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Sharon M. Emanuel
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Carol Fowler
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Gay Gulledge
University of South Carolina

Remember the summer of '80?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process.... learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '80.

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too low, although FDA staff still did not fully accept APhA's estimated costs of the program. Second, HHS Secretary Harris personally represented to the profession at the 1980 APhA Annual Meeting in Washington, D. C. that her department would undertake to pay pharmacists dispensing PPIs to patients in the Medicaid program for the additional administrative costs created by the PPI requirement.

Within weeks after her assurances, the Health Care Financing Administration (HCFA), a component of the Secretary's own department, made it clear that pharmacists dispensing PPIs in Medicaid could not expect the government to reimburse for additional PPI costs. And, some people wonder why the voters delivered their message to government in November!

APhA has a quality record both of philosophical support and direct program activity aimed at increasing the availability of information to patients regarding pharmaceutical service, drug therapy, and related information necessary to optimize patient care. The Association has always recognized that "count and pour," "lick and stick," phantom pharmacists are not providing patients with the kind of pharmaceutical service of which the profession and APhA can be proud.

APhA's leaders have constantly goaded pharmacists and pharmacy educators in the direction of preparing themselves and future practitioners for pharmacy practice which includes, in addition to traditional distributive functions, a patient-oriented professional service in which the pharmacist would function as a primary advisor on drugs and drug therapy to both physicians and patients.

APhA is not opposed to providing more information to patients. What we do oppose is control of the profession of pharmacy through bureaucratic dictates in the pages of the *Federal Register*. And, this basic philosophical opposition reaches the level of out-and-out rage, when government says, in effect, "We don't care whether our regulations put you down for the economic count or not."

If thorough research and testing of the PPI concept on a few drugs results in a conclusion that PPIs do represent the optimum method for distribution of information to patients—and I emphasize to you that such research has not been completed—and if those touting the PPI approach are willing to reimburse pharmacists even for the bare costs of handling this information system, I have no doubt that the profession would respond positively.

But, under FDA's current "we're going to ram this down your throat" approach, APhA has not hesitated to urge the Reagan Administration to have the pending, supposedly modest, PPI program withdrawn. It is high time that government regulators recognize that they can put all the regulations on paper they wish, but that, in the end, they must have the active cooperation of those in the private sector if those regulations are to have any practical meaning.

Government should recognize and return to the principle that need and demand for particular services—including PPIs—will ultimately create a supply of those services. If particular goods or services do not appear voluntarily in the marketplace, one can only question the need and demand side of the equation.

Let us also not forget that competition other than price competition—namely service competition—is also a key element in the principles of successful American business.

Certainly, pharmacists and others should have the freedom to decide when and if they will choose to compete on the basis of increased or special services, rather than by having all of their service functions reduced to a lowest common denominator established by government regulations. Again, one of the keystones of American economic policy is that competition in the marketplace will lead not only to competitive pricing but to increased efficiency and to the development of new beneficial services as providers seek to enhance their competitive position.

Opportunities for pharmacists to improve their competitive and economic position in the health care market by the addition of new non-dispensing pharmaceutical services are rapidly developing. I plan to address this subject in the future.

Fifty years ago, at APhA's urging, the U. S. Department of Commerce did a study on why pharmacies failed. Lack of accounting data and inability to manage financial operations were among the most frequent causes for failure. Pharmacists, now as then, continue to worry about their competition instead of analyzing their own operations. My generation and the generation

(Continued on next Page)

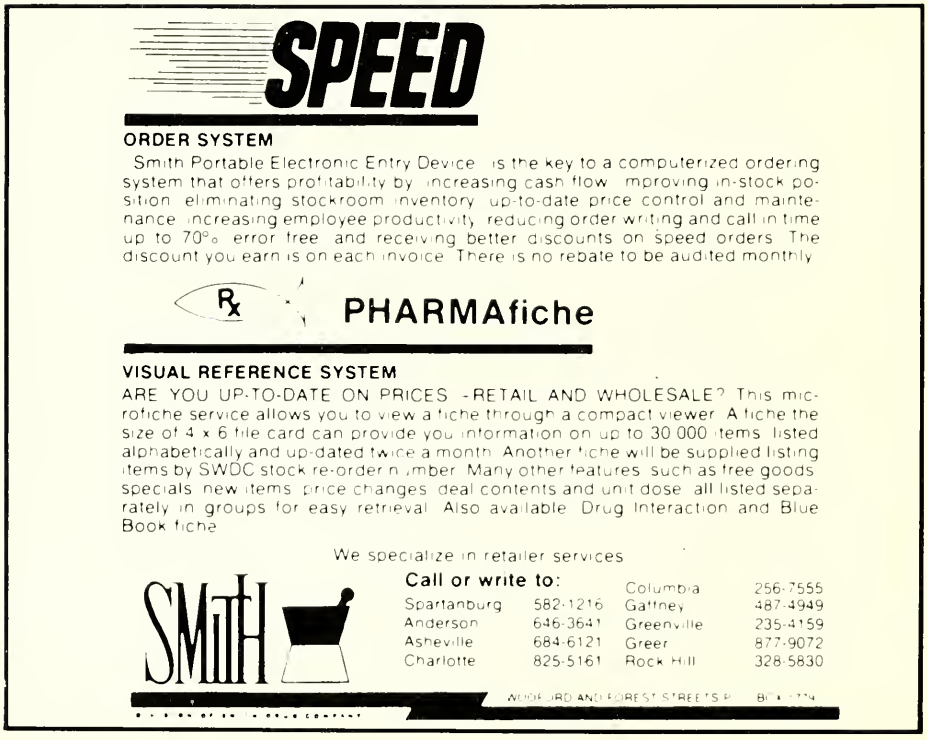
of pharmacists which preceded mine thought that resale price maintenance—which eliminated price competition—was their economic salvation. To the extent that it eliminated their incentive to accumulate cost data and develop financial expertise in establishing the value of their professional services, the current generation has been denied an important heritage.

The point I am making is that we can't live in the past; we have a lot of catching up to do if we are to make the most of future opportunities. Pharmacists interested in developing their expertise can do so rather rapidly today because the "know-how" is well documented and readily available. The real salvation for today's pharmacists is not protective legislation or regulation but in absorbing and applying proven management techniques to their individual practices. Your associations, your schools of pharmacy, your suppliers and even some of your government agencies are offering helping hands. But nobody can do it for you. You have already invested in your basic professional education, and you know the importance of keeping that knowledge current. If you make a similar investment in acquiring management expertise, your economic future will be as bright as your professional future.

In his recent inaugural address, President Reagan asked the country: "Can we solve the problems confronting us?" He answered his question with an emphatic "Yes," declaring:

> "We are not, as some would have us believe, doomed to an inevitable decline. I do not believe in a fate that will fall on us no matter what we do. I do believe in a fate that will fall on us if we do nothing."

As President Reagan appealed to the nation, I appeal to the profession to begin, with all the creative energy at our command, an era of professional and economic renewal for pharmacists and the profession.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**New Mailing Address for the N. C. Board of Pharmacy: P. O. Box H
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The Board offices have moved to Suite 209, Carr-Mill Mall, Carrboro. Telephone number remains the same (919) 942-4454.

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LOCAL NEWS

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met for their annual fun day luncheon Tuesday, March 10, 1981 at the home of Mrs. Charles A. Pender, 1128 Berkley Ave. Hostesses assisting Mrs. Pender were Mrs. John C. Hunter, Phyllis Harrelson and Mrs. Douglas T. Corwin. Mrs. Shelton B. Boyd, Mt. Olive, Woman's Auxiliary state president was the honored guest. An update was given on the Convention to be held April 26-28 at the Radisson Plaza Hotel in Charlotte.

LENOIR-GREENE-JONES

The Lenoir-Greene-Jones Pharmaceutical Society held its monthly meeting on March 11 with Dr. Claudette Dalton as the speaker. Dr. Dalton is associated with Lenoir Memorial Hospital where she instructs patients and instructs nurses to teach patients how to adjust and cope with their new illness or condition and told us what we could do to help these patients.

Dialogue was also started on communication problems pharmacist are having with physicians and on several incidences of over prescribing. Dr. Dalton offered to help alleviate these problems by getting the medical and pharmaceutical societies together to discuss their concerns.

It was also noted that during the past year, 91% of the area pharmacies were represented at the meetings and 79% of all area pharmacists were present at at least one meeting.

MINTON NAMED "CITIZEN OF THE WEEK"

Joe G. Minton, Murfreesboro, has been named "Citizen of the Week" by the Ahoskie News Herald, February 18, 1981. Minton, a 1970 graduate of the UNC School of Pharmacy, operates pharmacies in Gates and Hertford Counties.

Joe is a member of the local Rotary Club and is the newly installed president of the Murfreesboro Chamber of Commerce. He is a past president of the Northeastern Carolina Pharmaceutical Society and is a past master of the American George Masonic Lodge #17. Joe and his wife Fran have two children, Gray and Amy.

LUCAS OPENS PHARMACY

Robert Lucas, Chapel Hill, has opened a pharmacy in downtown Durham in early January. Lucas, formerly with Revco in Durham, is a 1970 graduate of the UNC School of Pharmacy and his store, Lucas Pharmacy, Inc. is located in the building formerly occupied by Ivey's Florist.

SUE HUDSON NAMED OUTSTANDING YOUNG WOMAN

Sue Hudson, Director of Pharmacy, McCain Hospital, has been selected as one of the Outstanding Young Women of America for 1980. Selection is based on nominations submitted by business and civic leaders throughout the country.

Sue, a 1974 graduate of the UNC School of Pharmacy, is a Director of N. C. PharmPAC and is Vice-Chairman of the N. C. State Employees Association. She is a member of the Aberdeen Jaycettes and the Sandhill Business and Professional Women's Club. She is also active in the North Carolina Pharmaceutical Association, the North Carolina Society of Hospital Pharmacists and the American Society of Hospital Pharmacists.

SMITHFIELD

In a meeting at the Western Sizzler Steakhouse in Smithfield on March 18th the Johnston County Pharmaceutical Society elected new officers for the coming year. Mary Lou Williford will serve as President; Ben Pell as Vice-President; and Carlyle Woodard as Secretary-Treasurer.

Benny Ridout was the special guest speaker and he brought the group up to date on the latest Medicaid news. An informative session of questions and answers was held and all present joined in the discussion and gained useful information from it.

Special thanks go to Kay Carroll, our outgoing president, for the excellent job he did last year.

Carlyle Woodard,
Secretary-Treasurer

PHARMACIST INJURED IN WRECK

Bruce W. Honeycutt, Franklinton, suffered multiple fractures and severe cuts in an accident on U. S. I near the Franklin-Vance county line early Monday, February 16. Honeycutt, a former Franklin County commissioner, is employed with Eckerd's Drug Store in Henderson.

ALAMANCE COUNTY PHARMACEUTICAL SOCIETY

The Alamance County Pharmaceutical Society met Wednesday, March 25, 1981 at the Alamance County Country Club. Nancy Gardner, the newly elected president, introduced the speaker, Dr. Paul Abernethy, who is an innovator in ophthalmic surgery. Dr. Abernethy explained the techniques presently used in cataract surgery. His discussion was highlighted by a film which showed the entire procedure from start to finish. Dr. Abernethy also described some of his experiences in Russia, where he has demonstrated his techniques and observed those of the Russians.

Dr. Abernethy's presentation was followed by a short business meeting during which Nancy Gardner announced the topic of the next meeting, which will be the Alamance County Hospice Society. Ms. Gardner also stated that efforts were being made to locate the pharmaceutical society's by-laws, and if unsuccessful, she will contact Al Mebane and ask for his aid in drawing up new by-laws.

Jack Watts, treasurer of the Alamance County Pharmaceutical Society, announced that Quality Printers of Graham will now be providing the prescription blanks due to the death of the society's former printer. The society has a contract with Quality Printers, the terms of which involve a charge of $3.25 per 1000 and a weekly billing system. Mr. Watt's remarks concluded the meeting.

Diane Fink, Secretary

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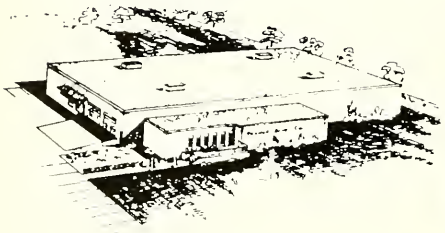

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ASPIRIN AND BUFFERED ASPIRIN FOR TIA'S

Based upon a review of recent information and additional data submitted in a petition to FDA[1], the Agency has concluded that the information regarding the use of aspirin for transient ischemic attacks (TIA's) in men should (1) provide for the use of buffered aspirin as well as aspirin, and (2) provide a precautionary statement regarding the concurrent use of antacids. Thus, the Agency is revising the recommended information for manufacturers to distribute to professionals for the use of aspirin or buffered aspirin for TIA's in males as follows:

Indications

For reducing the risk of recurrent transient ischemic attacks (TIA's) or stroke in men who have had transient ischemia of the brain due to fibrin platelet emboli.

There is inadequate evidence that aspirin or buffered aspirin is effective in reducing TIA's in women at the recommended dosage. There is no evidence that aspirin or buffered aspirin is of benefit in the treatment of completed strokes in men or women.

Precautions

(1) Patients presenting with signs and symptoms of TIA's should have a complete medical and neurologic evaluation. Consideration should be given to other disorders which resemble TIA's.

(2) Attention should be given to risk factors: it is important to evaluate and treat, if appropriate, other diseases associated with TIA's and stroke such as hypertension and diabetes.

(3) Concurrent administration of absorbable antacids at therapeutic doses may increase the clearance of salicylates in some individuals. The concurrent administration of nonabsorbable antacids may alter the rate of absorption of aspirin, thereby resulting in a decreased acetylsalicylic acid/salicylate ratio in plasma. The clinical significance on TIA's of these decreases in available aspirin is unknown.

Dosage

1300 mg a day, in divided doses of 650 mg twice a day or 325 mg four times a day.

This information applies only to aspirin or buffered aspirin products and not to any other aspirin-containing products such as highly buffered aspirin for solution or products containing aspirin in combination with other active ingredients.

The February 1980 *Drug Bulletin* reported that FDA's Peripheral and Central Nervous System Drugs Advisory Committee had concluded that aspirin is effective in reducing the risk of TIA's in males. A TIA is manifest by sudden onset of a focal neurologic dysfunction affecting the brain or retina with rapid clearing after a period lasting up to 24 hours.

REFERENCE

1. Prophylactic treatment of transient ischemic attacks with magnesium-aluminum hydroxide buffered aspirin (Ascriptin), submitted by William H. Roter, Inc., citizen's petition CP, Volumes 1 and 2, docket number 77N-0094, (Dec. 7) 1979.

FDA Drug Bulletin, Volume II, Number I

ACNE

Severe acne responds to drugs such as oral estrogens, steroids, and/or antiandrogenic substances. These drugs produce various side-effects so drugs with fewer toxicities have been investigated. A derivative of vitamin A, 13 cis-retinoic acid, was administered to fourteen patients with severe acne. The serum excretion rate was reduced by 75% at four weeks and all patients experienced at least an 80% improvement in their condition. Dose related side-effects included dryness of the skin and mucous membranes. *LANCET*. Vol. II, #8203, p. 1048, 1980.

DIGOXIN SENSITIVITY

Infants require comparably higher doses of digoxin (Lanoxin) in order to experience the same therapeutic effect as seen in adults. The average maintenance dose for adults is 3 to 5 μg/Kg/day, while infants require from 10 to 25 μg/Kg/day. The extent of absorption is identical in both groups, but the glycoside apparently is capable of binding to infants erythrocytes in amounts 2.5 times greater than is observed with adult cells. This can help account for the need for higher doses in infants. *CLIN PHARM*, Vol. 28, #3, p. 346, 1980.

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USP DRUG PRODUCT PROBLEMS REPORTS*

Label Mix-up

A Tennessee pharmacist opened a box labeled to contain folic acid tablets in unit-dose strips, only to find that the box contained strips of tablets of an antiparkinsonism agent instead. The pharmacist's telephone call to DPPR initiated a report to the FDA and the manufacturer. A recall of the reported lot resulted after this report.

Teeth Stains

Stains on patients' teeth were the subject of a report from a Pennsylvania pharmacist. The problem had been noted with a morphine sulfate oral solution. Upon receipt of the DPPR report, the company responded that the color was added to help detect spillage, but that in response to communications from pharmacists, the amount of dye would be reduced to alleviate the staining problem.

Aspirin Recall

A chain store pharmacist reported to DPPR that buffered aspirin tablets were splitting into separate layers and turning tan in color. Testing by the FDA District Office confirmed the separation of the aspirin and the buffering layers. A recall of two lots involving seven million tablets was initiated by the firm ten days later.

Nitroglycerin Capsules

The placement of the package insert inside the bottle of nitroglycerin capsules made it impossible to use the insert as a reference while still maintaining the integrity of the packaging, maintained a California pharmacist. The company agreed with this observation in a letter to USP and indicated it was instituting a new type of packaging so the insert would be attached to the outside of the bottle.

Precipitating Coloring Agent

Particulate matter on the bottom of a bottle of an expectorant was the subject of a report from an Idaho community pharmacist. A recall was initiated by the firm when the material was identified as a coloring agent that had precipitated.

Dropper Opening Enlarged

A Tennessee pharmacist complained that excessive pressure was required to expel the drops of a viscous otic solution packaged in a squeeze bottle. The company responded that the tip of the dropper bottle and the diameter of the opening had been changed to avoid such problems.

Syringes Modified

Several reports were received regarding breakage of the finger flange on glass unit-dose syringes, resulting in injury to hospital employees. The company pointed out that full activation of the syringe is necessary to avoid the need for excess pressure. However, it went on to indicate that the interior diameter of the syringe barrel would be increased and the flanges thickened in an effort to correct the breakage problem.

*This report covers some of the recalls, product improvements, and explanations to which the Drug Product Problem Reporting Program has contributed. The product and company names are omitted; and no reflection on any specific manufacturer, distributor, reporter, or product is intended or should be inferred from the case studies. It is hoped that these examples will indicate to the reader some of the problem areas where he or she may want to be alert; e.g.: package insert information, package designs, labeling, unusual or improper drug product appearance.

The work upon which this publication is based was performed by the USP Convention pursuant to Contract No. FDA 223-78-3002 with the Public Health Service, Food and Drug Administration, Department of Health, Education, and Welfare. (This report is not copyrighted and permission is not needed to reprint case studies.)

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1980 LILLY DIGEST SQUARE FOOT STUDY

Averages per pharmacy size	Under 1000 sq. ft. (198 Pharmacies)	1000-2000 sq. ft. (420 Pharmacies)	2000-3000 sq. ft. (322 Pharmacies)	3300-4000 sq. ft. (176 Pharmacies)	4000-5000 sq. ft. (108 Pharmacies)	5000-6000 sq. ft. (72 Pharmacies)	6000-7000 sq. ft. (37 Pharmacies)	Over 7000 sq. ft. (42 Pharmacies)
Sales								
Prescription	$170,941— 76.1%	$168,094— 62.6%	$189,816— 52.2%	$197,846— 45.0%	$214,765— 41.4%	$283,932— 37.9%	$250,230— 36.6%	$311,974— 28.2%
Other	53,663— 23.9%	100,249— 37.4%	173,494— 47.8%	242,087— 55.0%	303,479— 58.6%	465,231— 62.1%	432,869— 63.4%	794,206— 71.8%
Total	$224,604—100.0%	$268,343—100.0%	$363,310—100.0%	$439,933—100.0%	$518,244—100.0%	$749,163—100.0%	$683,099—100.0%	$1,106,180—100.0%
Cost of goods sold	140,166— 62.4%	170,698— 63.6%	237,134— 65.3%	287,377— 65.3%	348,202— 67.2%	503,818— 67.2%	472,786— 69.2%	764,303— 69.1%
Gross margin	$ 84,438— 37.6%	$ 97,645— 36.4%	$126,176— 34.7%	$152,556— 34.7%	$170,042— 32.8%	$245,345— 32.8%	$210,313— 30.8%	$341,877— 30.9%
Expenses								
Proprietor's or manager's salary	$ 22,371— 10.0%	$ 23,087— 8.6%	$ 24,869— 6.8%	$ 26,737— 6.1%	$ 26,788— 5.2%	$ 32,921— 4.4%	$ 29,045— 4.2%	$ 35,659— 3.2%
Employees' wages	22,049— 9.8%	28,497— 10.6%	43,562— 12.0%	57,674— 13.1%	65,085— 12.6%	95,963— 12.8%	85,268— 12.5%	144,067— 13.0%
Rent	7,940— 3.5%	6,610— 2.5%	7,553— 2.1%	10,845— 2.5%	13,934— 2.7%	17,539— 2.4%	15,482— 2.3%	30,044— 2.7%
Miscellaneous operating costs	22,506— 10.0%	29,313— 10.9%	37,855— 10.4%	46,346— 10.5%	52,583— 10.1%	80,251— 10.7%	67,579— 9.9%	112,733— 10.2%
Total expenses	$ 74,866— 33.3%	$ 87,507— 32.6%	$113,839— 31.3%	$141,602— 32.2%	$158,390— 30.6%	$226,674— 30.3%	$197,374— 28.9%	$322,503— 29.1%
Net profit (before taxes)	$ 9,572— 4.3%	$ 10,138— 3.8%	$ 12,337— 3.4%	$ 10,954— 2.5%	$ 11,652— 2.2%	$ 18,671— 2.5%	$ 12,939— 1.9%	$ 19,374— 1.8%
Inventory in dollars and as a percent of sales								
Prescription	$ 20,386— 11.9%	$ 20,985— 12.5%	$ 22,167— 11.6%	$ 23,581— 11.9%	$ 25,060— 11.7%	$ 29,327— 10.3%	$ 25,258— 10.1%	$ 33,477— 10.7%
Other	7,366— 13.7%	20,887— 20.8%	35,368— 20.4%	52,151— 21.5%	62,758— 20.7%	96,029— 20.6%	79,145— 18.3%	133,294— 16.8%
Total	$ 27,752— 12.4%	$ 41,872— 15.6%	$ 57,535— 15.8%	$ 75,732— 17.2%	$ 87,818— 16.9%	$125,356— 16.7%	$104,403— 15.3%	$166,771— 15.1%
Size of area (sq. ft.)	691	1,417	2,369	3,308	4,271	5,182	6,203	9,678
Sales per sq. ft.	$325.04	$189.37	$153.36	$132.99	$121.34	$144.57	$110.12	$114.30
Rent per sq. ft.	11.49	4.66	3.19	3.28	3.26	3.38	2.50	3.10
Prescriptions dispensed								
New	12,730— 53.9%	11,822— 49.9%	12,370— 47.0%	13,574— 48.8%	14,576— 49.2%	19,326— 50.5%	16,622— 47.0%	22,004— 50.7%
Renewed	10,908— 46.1%	11,859— 50.1%	13,958— 53.0%	14,248— 51.2%	15,027— 50.8%	18,936— 49.5%	18,730— 53.0%	21,389— 49.3%
Total	23,638—100.0%	23,681—100.0%	26,328—100.0%	27,822—100.0%	29,603—100.0%	38,262—100.0%	35,352—100.0%	43,393—100.0%
Prescription charge	$7.23	$7.10	$7.21	$7.11	$7.25	$7.42	$7.08	$7.19
Hours per week								
Pharmacy was open	47	52	59	58	59	62	59	73
Worked by manager	38	40	42	42	40	40	34	44
Worked by employed pharmacist(s)	18	22	33	37	38	64	48	79

HOW MUCH IS ENOUGH? A STUDY OF COMMUNITY PHARMACY SIZE

The first objective of community pharmacy managers is to provide pharmaceutical services to their patrons. In order to continue to do so, their pharmacies must generate a profit. Profits are needed for working capital requirements, capital improvements, returns to investors, and retained earnings. If stores continually show losses, the capital necessary to sustain normal operations must be borrowed, and interest expenses are incurred that further reduce net profit. Eventually, such a negative cycle results in poor credit and, finally, bankruptcy.

The purpose of this study is to attempt to quantify the impact of store size on selected operating statistics and profitability. The data for the study were submitted by participants in the 1980 *Lilly Digest*.

The accompanying table shows that when floor area increases, total sales volume rises although sales per square foot tend to fall. Prescription sales decrease steadily as a percent of total sales when total sales and floor area are larger which suggests that bigger stores are typically merchandise-oriented operations. As expected, the cost of goods sold increases with total sales and the size of the pharmacy, and this causes a general downward trend in gross margin. The total wage package also has a tendency to decline as a percent of sales in larger stores, whereas rent, except in stores under 1000 square feet (which probably represent more expensive medical building locations), remains relatively constant percentagewise and contributes to an overall reduction in total expenses. Since gross margin usually drops at a faster rate than do total expenses in larger stores, it is not surprising that net profit declines rather dramatically—from 4.3 to 1.8 percent.

The ability of management to control inventory investment as well as expenses can make the difference between a profitable and an unprofitable operation. According to the table, prescription inventory is slightly higher dollarwise, as floor area keeps pace with greater prescription volume. However, other inventory expands dramatically with higher sales. The challenge of successful inventory management is to support an expanding level of sales activity with appropriate merchandising space while keeping the investment at a level consistent with adequate customer service.

Sales and rent per square foot of floor area both tend to decline as store size becomes larger. The high rent per square foot in stores under 1000 square feet is characteristic of medical office building locations.

Generally, there is more prescription activity with more floor space. However, the data suggest that pharmacy operations under 2000 square feet are strongly prescription oriented, whereas those over 3000 square feet tend to be more oriented toward merchandising. The prescription charge for stores of various size shows no definitive trend and averages slightly above $7.00.

The hours open per week tend to lengthen with more floor area although stores between 2000 and 5000 square feet in size offer essentially the same number of buying hours per week for their patrons. Since stores over 7000 square feet are highly merchandise oriented, it is not unexpected that they would remain open longest. Employed pharmacist hours usually rise with increasing prescription activity. This is true particularly in larger stores where the manager needs to devote more of his time to the merchandising aspect of his responsibility and thus requires additional professional assistance to handle a heavier prescription workload.

These data indicate that stores under 2000 square feet are prescription-oriented operations. Those over 3000 square feet in size are more merchandise-oriented pharmacies that show larger sales volume but, percentagewise, lower net profit levels. It is interesting to note that stores under 1000 square feet in size exhibit all the characteristics of medical office building pharmacies, in which total sales volume is lower, gross margin higher, inventory investment the lowest, and net profit the greatest. Rental expense per square foot is also the highest in such locations. Among the merchandise-oriented stores, those between 5000 and 6000 square feet appear to be generating the highest net profit, which suggest that sales volume and operating costs are optimally balanced.

The relationship of floor area to sales volume can be a valuable planning tool for managers of new pharmacies. Once market potential studies are completed, pharmacist-owners can select the floor size that corresponds to the anticipated sales activity and thereby determine operating characteristics. For established businesses, if sales fall short of those shown with comparable floor space, pharmacy owners should consider devoting the excess area to a specialty department, such as a gift shop, or subleasing the space to another tenant. In this way, each square foot can approach full productivity.

To insure the profitability of the business and its long-term success, management must exercise efficient control over all operating costs, particularly as sales volume grows in a larger store.

DOW ACQUIRES MERRELL PHARMACEUTICALS

Acquisition by The Dow Chemical Company of the ethical pharmaceutical business of Richardson-Merrell, Merrell-National and Merrell International, became effective March 10 with approval of the sale by Richardson-Merrell stockholders.

The acquisition originally was announced November 1, 1980. Worldwide headquarters will be relocated from Westport, Connecticut, to Cincinnati, Ohio, and the business has been renamed Merrell Dow Pharmaceuticals Inc. It will be a subsidiary of The Dow Chemical Company.

The combining of the two organizations significantly enhances Dow's ability to effectively serve the medical, pharmaceutical, and other professions dedicated to health care delivery around the world, said Joseph G. Temple, Jr., Dow group vice president for Human Health.

JACKSONVILLE

C. Louis Shields, Pharmacist-Owner of the Johnson Drug Stores in Jacksonville, NC has recently been selected to serve on the NARD Health Supports and Appliances Examining Board. Mr. Shields is a CAMP and HSA Licensed Certified Fitter.

POSITION OPEN CLINICAL PHARMACIST

The School of Pharmacy, University of North Carolina at Chapel Hill is recruiting a qualified Clinical Pharmacist for an Area Health Education Center (AHEC) region. This individual will be responsible for the clinical pharmacy practice in ambulatory and/or acute care settings; coordinate undergraduate, graduate and professional student education and training, serve as a faculty practitioner/educator in the AHEC. Applicant should possess a Pharm. D. or Master's Degree with an approved residency; possess teaching ability, have a desire for academic involvement and a strong clinical orientation. Salary and rank are commensurate. Interested applicants should send a resume or curriculum vitae along with names of three references to:

Claude U. Paoloni, Associate Professor
Director—Pharmacy AHEC Program
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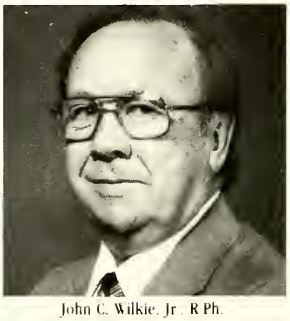
Perspectives in Pharmacy

Professional Drug Product Selection

Presented in the interest of better informed pharmacy

John C. Wilkie, Jr., R.Ph.
Executive Secretary
Board of Pharmaceutical Examiners of South Carolina

"One of the major problems facing pharmacists throughout the country today is the availability of products which have not been approved by FDA. There are drugs on the market with approved New Drug Applications (NDA's) and Abbreviated New Drug Applications (ANDA's). Another group of drugs that was marketed between 1938 and 1962 has been approved for safety but not for efficacy.



John C. Wilkie, Jr., R.Ph.

This group is being reviewed under the Drug Efficacy Study Implementation (DESI) process. A fourth group of drugs marketed prior to 1938 is not subject to premarketing clearance procedures, yet products in this category are marketed every day.

"Look at the possibility of the pharmacist's liability in dispensing drugs without FDA's approval—the drugs may be improperly formulated, may have formulations causing varied bioavailabilities, may be labeled incorrectly, may cause therapeutic problems, may have adverse reactions, and on and on. In addition, such drugs may be on the market with patent infringements, thus placing the pharmacist in another barrel of hot water.

"Pharmacists need help—consumers need to rest assured that they are receiving approved drugs, and the medical and pharmacy professions need assurance that all drugs on the market are approved or exempted. Meanwhile, you must know your manufacturer or distributor and, even then, make sure the firm is reliable and responsible."

Lawrence H. Block, R.Ph., Ph.D.
Professor of Pharmaceutics
Duquesne University School of Pharmacy

"The scientific aspects of drug product selection have become mired in controversy resulting from the

economic or political casting of the issues involved. Product selection by the pharmacist, when permitted by law, ought to result from a consideration of drug product bioequivalence data, the active ingredient, the dosage form, and the drug product manufacturer. However, accurate evaluations of drug product bioequivalence data and the risk of bioinequivalence incurred with specific active ingredients or dosage forms are difficult. Moreover, the FDA's publication of the therapeutically equivalent products list is only an initial step in an effort to document individual product acceptability. The scope of the FDA list is limited; drugs marketed prior to 1938 are not included in the listing. Although these drugs (e.g., methenamine, nitroglycerin, phenobarbital, and thyroid) represent only about 25 percent of the drugs dispensed in the United States, they represent a substantial portion of the drugs available from multiple sources. In addition, the FDA list doesn't reflect manufacturer performance on a batch-to-batch basis. The pharmacist must consider the product manufacturer's potential for replicating a product from batch to batch. A tally of 590 manufacturers involved in approximately 3300 drug product citations in the FDA's weekly reports between 1970 and 1978 refutes the contention that all pharmaceutical manufacturers maintain equally effective quality-control programs."

Kenneth G. Mehrle, R.Ph.
Past President, National Association of Retail Druggists

"The feds and the states want to use drug product selection to cut drug costs—and nothing more—without assuming any liability risks. In state legislature after state legislature, drug

Lawrence H. Block, R.Ph., Ph.D.

product selection proposals have pitted manufacturers against pharmacy groups, pharmacy groups against consumer organizations, and organized medicine against both pharmacy and consumer groups. Everyone has ended up fighting everyone else. What no one is mentioning is the professional aspect of DPS. That has been irretrievably lost—at least for now.

"In my opinion, true drug product selection is possible only if four conditions exist: (1) The drug industry is reconciled to the idea; (2) the medical profession does not see it as an affront; (3) the FDA stands by every potentially substitutable product and is willing

Kenneth G. Mehrle, R.Ph.

to assume all resulting liabilities; and (4) the pharmacist's professional judgment—and not dollar and cents accountability and the fear of fines and imprisonment—should be the deciding factor in whatever product is dispensed."

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The views herein are presented as a service to pharmacists and may or may not represent the views of Eli Lilly and Company.

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NORTH CAROLINA
AT
CHAPEL HILL

ScRxipt

DEAN'S MESSAGE CENTENNIAL CELEBRATION

It's getting so close to the end of the academic year that I am altering my usual Dean's Message format to invite you to the Centennial Celebration of Pharmaceutical Education on the campus of UNC-Chapel Hill the weekend of May 22-24.

We have planned something of interest for everyone . . . reception for the opening of the History of Pharmacy paintings at the Morehead Planetarium, a pig-picking, Continuing Education credit for a symposium on Pharmacy Education (past, present, and future), a wine and cheese party with a dinner and dance, spouses' programs, and the first annual alumni meeting.

Come and bring your family. If you make reservations now, there should be accommodations for all at Granville Towers (headquarters) or the area motor inns. We will even help you to find babysitters in Chapel Hill.

GAGNON RECEIVES RWJ FELLOWSHIP

Jean Paul Gagnon, Ph.D., Professor and Chairman, Division of Pharmacy Administration, has been awarded a 1980-81 Robert Wood Johnson Health Policy Fellowship. The fellowship, established in 1974-75 by the Institute of Medicine of the National Academy of Sciences, is given for a year's study of health policies in Washington, DC. Dr. Gagnon is one of only six in the nation to receive the award this year.

The program, which includes a variety of Congressional work assignments, is conducted in cooperation with the American Political Science Association. Its purpose is twofold: (1) to provide a better understanding of major issues relating to health and (2) to provide a knowledge of how federal health programs are established. "Development of policy-knowledgeable faculty members in health professionals schools is expected to foster an awareness throughout the faculties of government health activities and create more constructive relationships between them and government."

Dr. Gagnon will begin his fellowship in September and will move his whole family to the Washington area with him. The School is not losing him, however. The Gagnons, who will rent their Chapel Hill home for the year, plan to return at the end of the year's study.

Jean Paul Gagnon

PHARMACY: MALPRACTICE AND LIABILITY

Robert Pearson 3/5

The following article is the third in a series of articles selected for publication in *Script* from papers written by 3/5 students in Pharmacy 21—Drugs, the Pharmacist and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy, but are chosen for their style, information, and quality of writing.

The decade of the seventies brought the pharmacist into the courtroom as a defendant an increasing number of times. While the increase in malpractice suits involving pharmacists was significant, the rise in the number of dollars gained by the plaintiffs increased dramatically. One insurance company reported 21 cases in 1974 that were settled for a total of $98,000 and 19 cases in 1975 which were settled for the sum of $130,000.[1] In another instance, an insurance company which insures about 3,000 pharmacists received just 62 claims over a ten year span, but they indicated that most of the cases were near the end of that period.[1]

This increase in liability suits was probably caused by a combination of factors. During the same time span other professions have also experienced monumental increases in malpractice suits. The seventies, with the increased emphasis on consumer awareness is one possible explanation. Another possible reason for the increase in litigation may be the changing role of the pharmacist. As pharmacists have become more patient oriented and have taken on new responsibilities they have increased their risk. The increase in liability is reflected in the greater number of malpractice suits, the increase in settlement awards, and the rise of liability insurance premiums. The trend toward more litigation may have leveled off, but as pharmacists move into new arenas (i.e. pharmacists prescribing, ordering laboratory tests, etc.) it can reasonably be expected that increased liability will follow.

There are three basic types of liability cases a pharmacist should be familiar with: negligence, breach of warranty, and strict tort liability.[2] Instances of liability where negligence is involved are the most common type of malpractice suit. Negligence is involved when the pharmacist makes a mistake such as dispensing the wrong medication, mislabeling the drug, misinformating the patient, etc. Approximately three fourths of liability cases involve negligence.[1]

The second type of liability, breach of warranty, is usually aimed at the manufacturer when the drug does not perform as expected. Many attorneys name as defendants all parties involved in making a drug available, i.e. manufacturer, physician, and pharmacist. In situations where a product is involved the manufacturer will many times assume the pharmacists' liability. The pharmacist must be careful not to extend the warranty or make inappropriate claims about a manufacturer's product. In making a claim about a product the pharmacist may be inadvertently exposing himself to the breach of warranty suit.

The third type of malpractice case, strict tort liability, attributes liability to the manufacturer, dealer or retailer of a product that causes harm—regardless of fault.[3] The strict liability type of case is not common in pharmacy, and the few cases to date—have ruled in the pharmacists' favor.[3] Still, interpretation of law is a dynamic area, and pharmacists have an important reason to stay up to date with current interpretations.

Without delving into specific cases it is clear that the type of pharmacy practiced is one of the primary factors determining the degree and amount of malpractice insurance which is desirable. Many papers have been written in recent years with the theme being that pharmacists should reevaluate their coverage to keep up with the trends of their personal practice and the trends in the profession.

Another area of liability and malpractice insurance coverage which is often overlooked is the need for coverage by pharmacy interns and their preceptors.[4] Every pharmacist should understand his insurance policy, his employer's policy, and the policies concerning malpractice of manufacturing companies with which he deals. Although some hospitals or other employers may provide adequate coverage while working on the premises—they probably do

not cover the pharmacist when he is consulted by a patient in a setting other than the hospital. Also, the institutional pharmacist probably would not be covered by the institution's policy should he decide to moonlight in a retail pharmacy. Another situation the pharmacist should be aware of is that manufacturers many times help out the pharmacist in product liability cases by providing legal and financial backing. In many instances however, the pharmacist may be further ahead to let his professional liability insurance take care of his defense. The manufacturer's lawyers are more likely to come to a settlement which is not in the pharmacist's best interest.[3] An out of court settlement may sound to many as admitted guilt and the loss of reputation may not be worth the legal support offered by a manufacturer.

Some rules of pharmacy practice which may help minimize liability or make a pharmacist's position more defendable have been summarized in the following list. This abbreviated list by pharmacist/attorney, Arthur I. Goldberg, was adapted from the October issue of American Pharmacy (1978).

1) Establish clear procedures for receiving, compounding, dispensing, and recording prescriptions.
2) Observe all laws and regulations regarding the dispensing of drugs.
3) If a mistake does occur, admit it and do everything possible to help.
4) Encourage doctors and nurses to inconvenience themselves, rather than break or bend a law.
5) Be especially careful with patients with chronic conditions—check with the physician and patient about condition and new medications.
6) Secure maximum insurance with a broker that specializes in the field.
7) Report any incidents to both insurance carrier and attorney.
8) Don't allow the threat of malpractice to make you practice defensive pharmacy.[2]

There are many obvious reasons for avoiding a malpractice suit, but even the best intentioned pharmacist may find that he has been named as a defendant. For this reason it is important to obtain appropriate insurance no matter what level; be it pharmacist owner, staff pharmacist, employee pharmacist, extern or intern. The pharmacist has a right to earn a living, and has the responsibility to maintain professionalism while serving his patients. Hopefully the practice of pharmacy will never come to the point where the patients' well being is sacrificed for fear of possible litigation.

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3. Mitchell, JB: Who should plead pharmacy's case in court?, *Am Pharm NS* 18: 38-39 1978.
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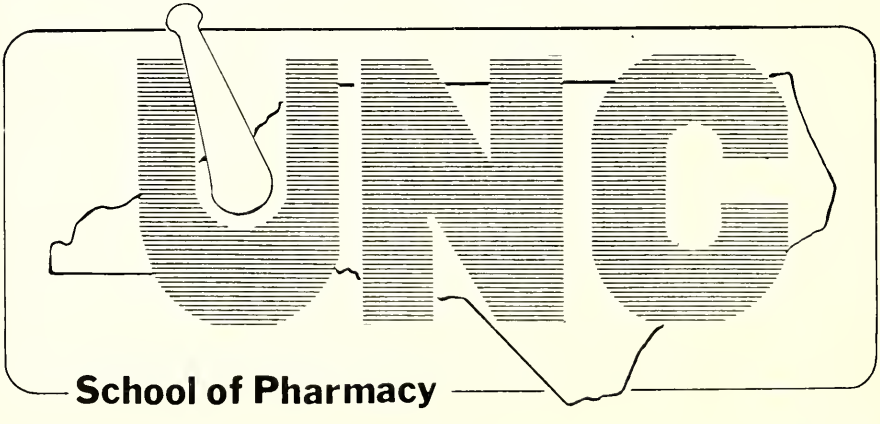

NCSHP ORGANIZES EFFORT TO CUT HOSPITAL COSTS

CHAPEL HILL—The N. C. Society of Hospital Pharmacists has become the first organization of health professionals in the nation to undertake a voluntary program to help reduce hospital costs.

The program is in support of the voluntary effort undertaken by the N. C. Hospital Association, said Fred Eckel, 1981 president of NCSHP.

"We have tried to identify pharmacy procedures that are related to overall cost containment," Eckel said, adding that pharmacy-related expenses account for about 10 percent of hospital operating costs.

"If we don't work voluntarily to reduce these costs, we may be forced to do so through regulation," he said.

Measures the society has recommended to save money include buying drugs through competitive bidding, conferring with doctors to select only those drugs that will be needed and instituting more efficient dispensing practices.

"As each professional does his part to contain expenses, the overall cost can be controlled," Eckel said.

Most larger hospitals in North Carolina already follow money-saving procedures. Eckel said the society guidelines were drawn up to offer a starting point for all hospitals, regardless of size.

Pete Roy, volunteer effort coordinator for the N. C. Hospital Association, praised the pharmacists' program and said it also will improve professionalism among the organization's members.

"There is so much more we could do," Roy said, "if we could unite the allied health groups."

Fred Eckel, Professor and chairman Division of Pharmacy Practice, in his new role as President of the North Carolina Society of Hospital Pharmacists.

VD PROGRAM

The Student Body's statewide campaign against sexually transmitted diseases has been very successful. Although results are not yet complete, it is estimated that we have reached over two million North Carolinians in the multi-media program.

We must definitely express appreciation to:

N. C. Pharmacists who displayed VD awareness materials.

Citizens Alliance for VD Awareness (Chicago, IL)

American Social Health Association (Palo Alto, CA)

Ortho Pharmaceutical Corporation (Raritan, NJ)

for providing us with the thousands of pamphlets distributed during this campaign.

A very special "thank-you" to Mr. Frankie Barnes of the VD Control Branch of the North Carolina Department of Human Resources for his frequent trips to Chapel Hill and his many telephone consultations with us on the nature of veneral diseases in N. C.

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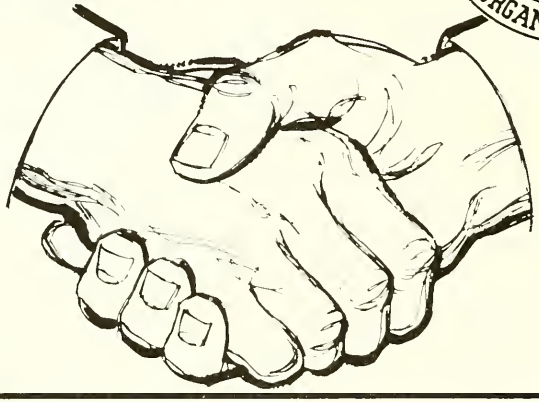

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MARRIAGES

Jennifer Lynn Canaday of Burlington and *Paul David Smith* of Mebane were married March 22 in Four Oaks Baptist Church.

The bride, a graduate of the University of North Carolina at Chapel Hill, is a physical therapist at Alamance County Health Department. Her father is a pharmacist at Four Oaks Drug Company.

The groom is a 1977 graduate of the University of North Carolina School of Pharmacy and was a member of Phi Delta Chi and Rho Chi. He is presently employed as a pharmacist at South Court Drug Company. The couple will live in Graham.

DEATHS

HARRY REID STOWE

Harry R. Stowe, 91, Charlotte, died October 10, 1980. He was a graduate of the University of Maryland School of Pharmacy and was registered in North Carolina in 1910. A veteran of World War I, Stowe was a member of First Presbyterian Church of Charlotte and the North Carolina Pharmaceutical Association. He is survived by his wife and one son and daughter.

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Applications are now being accepted for the position of Executive Secretary/Chief Drug Inspector for the South Carolina Board of Pharmacy. Registered pharmacists interested in this position should request an application and job description from the Board office. Applications must be received by the Board not later than May 1, 1981. Write P. O. Box 11927, Columbia, SC 29211 or phone (803) 758-5447.

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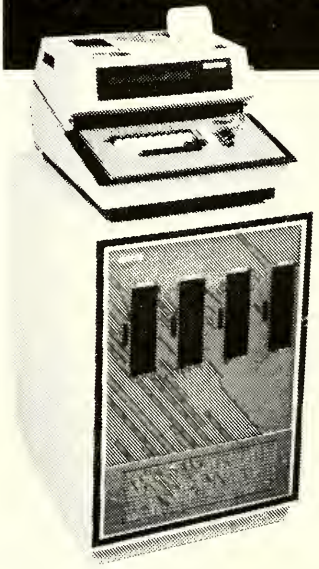

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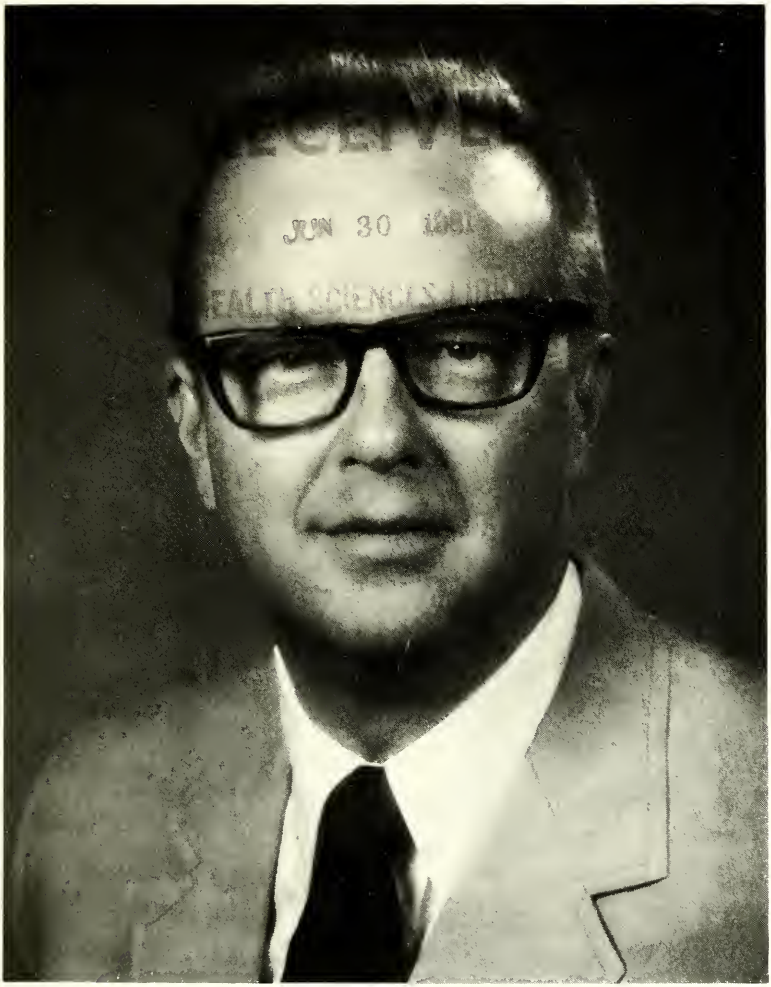

J. Marshall Sasser, Smithfield, 101st President of the North Carolina Pharmaceutical Association.

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Reference: 1 Independent Market Research Audit, 12-month data, Aug. 1980; based on drugstore sales of OTC Sudafed 24's and 100's.
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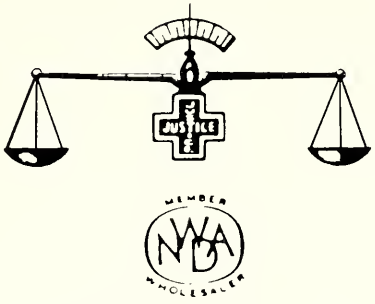

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(USPS 091-280)

APRIL/MAY, 1981 VOLUME 61 NUMBER 4-5

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MESSAGE FROM MARSHALL

J. Marshall Sasser, President, NCPhA

What an exciting time this first month has been for your President! It began with my installation at the 101st. Annual Convention of the North Carolina Pharmaceutical Association in Charlotte, and concluded with the Wake County Pharmaceutical Association meeting to witness the installation of their new officers by Executive Secretary-Treasurer Al Mebane.

In between?—First the meeting of your new Executive Committee (and what a great group you have given me with which to serve). Next, your President along with several other members, spent a very productive three days at the 13th Annual Conference on National Legislation and Public Affairs of the National Association of Retail Druggists in Washington, D. C. After 12 years there is new hope that a Pharmacy Crime Bill will be passed. There is also a feeling that the spirit of deregulation with the new administration may accrue to the benefit of Pharmacy. However, we found that because of increased effort for cost containment, and returning responsibility for health care delivery to the states, never before has it been more important that we all cooperate in order to have a more powerful influence upon the future of Pharmacy. Medicaid cuts or caps, block grants to states and competitive bidding or capitation for reimbursement for pharmaceutical services will surely have an effect on our profession.

I visited the North Carolina Medical Society Convention to hear Dr. Ronald Levine, Deputy Director of Health Services give his annual report, attended the meeting of the Commission for Health Services, and extended congratulations and best wishes from the Pharmaceutical Association to Dr. Josephine Newell, the first female President in the history of the Medical Society, as she began her administration.

My attendance at the meeting of the Lenoir, Greene, Jones Pharmaceutical Society was most productive and what an active group we have there. And perhaps my most important and rewarding task was addressing the graduating class of the UNC School of Pharmacy on Sunday afternoon, May 17th in Chapel Hill. We certainly need to do our best to assimilate this talented group of young men and women into a very rewarding profession.

I was happy to be able to represent you for the Centennial of Pharmaceutical Education in North Carolina and the first annual meeting of the School of Pharmacy Alumni Association. Please look in a future issue for the most profound observations of Dr. Ben Cooper about these developments at the University of North Carolina. You really missed a fantastic program if you were not there.

I have learned much in my trips to visit the State Legislature. I have conferred with my own representatives and with Secretary-Treasurer Mebane and Representative George Miller about the introduction of the Pharmacy Practice Act, and was present when House Bill 1050 was introduced and assigned to committee on Monday night, May 18th. I attended the Sub-Committee on State Government to examine House Bill 295 (the amendments to the present Pharmacy Act proposed by the Governmental Evaluation Commission) and two meetings of the House Health Committee considering HB 1050 recommended by your association.

Yes, a busy month with more to follow . . .

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION HONORS TROUTMAN PHARMACIST FOR OUTSTANDING COMMUNITY SERVICE

Troutman pharmacist James C. Gabriel has been honored by the North Carolina Pharmaceutical Association as its 1981 recipient of the A. H. Robins "Bowl of Hygeia" Award for outstanding community service by pharmacists.

Gabriel, owner of Troutman Drug Store, received the award this afternoon during the association's 101st annual meeting in Charlotte.

Making the presentation was Michael S. Anderson, manager of the South Atlantic Division of A. H. Robins Company. Participating in the ceremony was Jack G. Watts of Burlington, president of the North Carolina Pharmaceutical Association.

The recipient was born in Mooresville, N. C., where he continues to reside, and graduated from the University of North Carolina's School of Pharmacy.

Gabriel's community activities have included service as the organizer and chief of the Troutman Rescue Squad and assistant chief of the Troutman Volunteer Fire Department.

He is a member of the Triplett United Methodist Church, where he has served as a member of the administrative board since 1953.

In pharmacy, Gabriel is a member of the North Carolina Pharmaceutical Association.

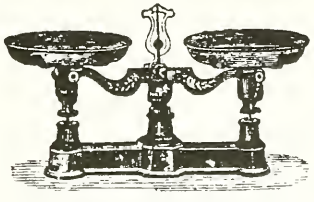
The Bowl of Hygeia, most widely recognized international symbol of pharmacy, derives from Greek mythology.

Hygeia was the daughter and assistant of Aesculapius (sometimes spelled Asklepios), the God of Medicine and Healing. Her classical symbol was a bowl containing a medicinal potion, with the serpent of Wisdom (or guardianship) partaking of it. This is the same serpent of Wisdom which appears on the caduceus, the staff of Aesculapius which is the symbol of medicine.

The "Bowl of Hygeia" Award, presented annually through the North Carolina Pharmaceutical Association, is a handsome mahogany plaque measuring 10 by 13 inches and featuring the Bowl of Hygeia cast in bronze. It is modeled after a sterling silver bowl made by a Mexican silversmith and given to the A. H. Robins Company by its Latin American representatives in 1953.

A desire to encourage pharmacists to take active roles in the affairs of their respective communities prompted E. Claiborne Robins, chairman of the board, to establish the award in 1958. It is now presented annually by participating pharmaceutical associations in each of the United States, the District of Columbia, Puerto Rico and the provinces of Canada. The recipients are selected by their respective associations.

Michael S. Anderson, A. H. Robins Co. (left) is shown presenting the Bowl of Hygeia Award to James C. Gabriel. ***Photo by Colorcraft***



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REPORT TO THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION FROM THE UNC-CH SCHOOL OF PHARMACY AND THE NORTH CAROLINA PHARMACEUTICAL RESEARCH FOUNDATION April 1981

Tom S. Miya, Dean

On the 23rd of September 1880 the College of Pharmacy was added to the University, with four professors which included Kemp P. Battle, the President; Thomas W. Harris, M.D., Professor of Materia Medica and Pharmacy; Frederick W. Simonds, M.S., Professor of Botany; and Francis P. Venable, Ph.D., Professor of General, Analytical and Applied Chemistry. The total enrollment at the University was then 191, which included 10 students in medicine and pharmacy. In 1981 we have a total of 448 undergraduate students, 51 graduate and postdoctoral students and a faculty and staff of all types numbering 78 for the School of Pharmacy alone.

Throughout this year activities in the School have attempted to give recognition to our 100 years of educational efforts. Notable among our activities have been the series of programs including the appearance of Dr. William Apple, President, of APhA, at the 15th Annual Socio-Economic Seminar and Congressman James Martin at our Risk/Benefit Analysis discussion.

Mr. Gilbert Goldhammer's address, made on the occasion of the presentation of the Carl T. Durham portrait to the School, was entered into the Congressional Record, USA, 97th Congress, 1st Session, Vol. 127, Febr. 4, 1981, #20, p. E-356, by Congressman L. H. Fountain.

> Mr. Fountain: "Mr. Speaker, I would like to draw the following address to the attention of my colleagues. It honors the accomplishments and memory of the late Carl T. Durham, a distinguished member of the House for 22 years representing the Sixth District of North Carolina.
>
> This address was given by Gilbert S. Goldhammer, Consultant to the House of Representatives Subcommittee on Intergovernmental Relations and Human Resources, which I have the honor to chair. It was the keynote address on December 1, 1980, when Mrs. Louise Durham presented her husband's portrait to his alma mater, The University of North Carolina at Chapel Hill School of Pharmacy, as part of the centennial celebration of pharmaceutical education on the campus of that illustrious university. The portrait unveiling commemorated The Honorable Carl T. Durham's outstanding contributions in both pharmacy and health care nationwide." Text of Mr. Goldhammer's address follows this introduction.

The year has been a rewarding one in many ways, and it would not be possible to cover all elements of our progress.

I am pleased to report at last that our optional track Doctor of Pharmacy program has been approved and implementation with an initial cadre of five students begins next fall without additional funds. This is a high quality program, and its expansion will depend on budgetary considerations.

Major remodeling of Beard Hall is in progress and scheduled to be completed in the fall. The remodeling will be more than cosmetic and will result in a greater efficiency in the utilization of available square footage.

It is possible only to highlight the accomplishments of our faculty and students. Dr. Gagnon was one of six recipients of a Robert Wood Johnson Health Policy Fellowship awarded through the National Academy of Sciences. He was UNC at Chapel Hill Division of Health Affairs' candidate and the first pharmacy faculty in the nation to ever receive such a fellowship. He begins his fellowship tenure in the nation's capital in mid-September for a one-year period. Provisions have been made for his frequent returns to Chapel Hill during this period. Dr. K. H. Lee is one of three scientists chosen nationally to participate in a natural products symposium

(Continued on Page 9)

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UNC SCHOOL OF PHARMACY REPORT

in Taiwan and is there now. Ralph Raasch and Stephen Caiola were selected to spend two weeks at Eaton Laboratories and Merck Sharp & Dohme, respectively in a summer faculty internship program.

Our undergraduate students are our showcase, and they have shown enthusiasm and vigor in many pursuits. Of the eight Sigma Xi undergraduate awards given on the campus, three were received by our students, Susan Higgins of Raleigh, Suzanne Blaug of Chapel Hill, and Mike Jolly of Fuquay-Varina. I had the privilege of listening to their presentations at the Sigma Si Undergraduate Research Symposium earlier this month, and you would have been proud of them. Their work was supervised by faculty members, Ralph Raasch, Stephen Caiola, and Betty Dennis.

I would be remiss if I did not report on the formation of the UNC-Chapel Hill School of Pharmacy Alumni Association which had its very successful organizational meeting last October. Under the leadership of President Joey Edwards and Executive Secretary and Treasurer Mel Chambers it is gelling into a significant force. Its membership currently number about 900. I would urge all of you to consider membership and to attend its first reunion and business meeting on the occasion of the Centennial Celebration weekend to be held on May 22nd, 23rd, and 24th. Information regarding our Centennial weekend is available at this Convention. I hope to see many of you in Chapel Hill on this occasion.

At this time I wish to recognize the retirement on June 30 of Drs. Hager and Mattocks. Both have given to the School long years of dedicated service.

On the "downside" it appears that we will not know how deep the budgetary axe cut will be until long after our fiscal year begins on July 1. Concurrent federal capitation cuts make planning for the immediate year ahead a most difficult task. The fact that most universities in the country face a similar situation does not attenuate our anxiety. On the "upside," however, I would like to announce a significant endowment gift to the School from Mr. George T. Cornwell to provide tuition scholarships.

The North Carolina Pharmaceutical Research Foundation is enjoying one of its best years, but not without its problems. Many of you realize from the brochures which were distributed that almost one-half of the Foundation's expenditures were for scholarships. At a time when federal loan funds are in jeopardy the Foundation's resources, as well as all other pharmacy loan and scholarship resources, will be sorely tasked. I am pleased to report that we have three individuals so far this year in the Fellow category ($1,000 or more) and 54 joined the Dean's Council ($100 or more). These individuals receive the School's Annual Report as well as other special mailings, enabling them to have input into the School's operations. The Investment Committee and members of the Executive Committee will be meeting in Chapel Hill in a few days to discuss alternatives to protecting the "buying power" of the Foundation's resources.

From this year Carolina Annual Giving (CAG) made it possible for individuals to designate the School of Pharmacy or the Foundation for all or a portion of their gift. The total contribution is counted towards CAG gift categories and for years of CAG giving. Twice each year these gifts are transferred either to the School's trust fund or to the Foundation. We believe that this combined gift program will be mutually beneficial.

The flexible funds generated primarily through the Foundation are most important to the School's operation. As the general cost of "doing business" has soared, state appropriations have not kept pace. You may not realize that funds for the recruitment of faculty are not specifically available from State funds and, in a year when faculty replacement recruitment is crucial, we have relied heavily on these funds.

Summary

This year has been a year of progress on many fronts and a most satisfying one for me personally. I see, by and large, a dedicated faculty with high morale and all indicators pointing to the fact that we are "on the move." I wish to express appreciation to all of you who are making this possible.

Presented at the 101st Annual Convention of the North Carolina Pharmaceutical Association, Charlotte, April 26-28, 1981

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Perspectives in Pharmacy

Professional Drug Product Selection

Presented in the interest of better informed pharmacy

John C. Wilkie, Jr., R.Ph.
Executive Secretary
Board of Pharmaceutical Examiners of South Carolina

"One of the major problems facing pharmacists throughout the country today is the availability of products which have not been approved by FDA. There are drugs on the market with approved New Drug Applications (NDA's) and Abbreviated New Drug Applications (ANDA's). Another group of drugs that was marketed between 1938 and 1962 has been approved for safety but not for efficacy.

John C. Wilkie, Jr., R.Ph.

This group is being reviewed under the Drug Efficacy Study Implementation (DESI) process. A fourth group of drugs marketed prior to 1938 is not subject to premarketing clearance procedures, yet products in this category are marketed every day.

"Look at the possibility of the pharmacist's liability in dispensing drugs without FDA's approval—the drugs may be improperly formulated, may have formulations causing varied bioavailabilities, may be labeled incorrectly, may cause therapeutic problems, may have adverse reactions, and on and on. In addition, such drugs may be on the market with patent infringements, thus placing the pharmacist in another barrel of hot water.

"Pharmacists need help—consumers need to rest assured that they are receiving approved drugs, and the medical and pharmacy professions need assurance that all drugs on the market are approved or exempted. Meanwhile, you must know your manufacturer or distributor and, even then, make sure the firm is reliable and responsible."

Lawrence H. Block, R.Ph., Ph.D.
Professor of Pharmaceutics
Duquesne University School of Pharmacy

"The scientific aspects of drug product selection have become mired in controversy resulting from the

economic or political casting of the issues involved. Product selection by the pharmacist, when permitted by law, ought to result from a consideration of drug product bioequivalence data, the active ingredient, the dosage form, and the drug product manufacturer. However, accurate evaluations of drug product bioequivalence data and the risk of bioinequivalence incurred with specific active ingredients or dosage forms are difficult. Moreover, the FDA's publication of the therapeutically equivalent products list is only an initial step in an effort to document individual product acceptability. The scope of the FDA list is limited; drugs marketed prior to 1938 are not included in the listing. Although these drugs (e.g., methenamine, nitroglycerin, phenobarbital, and thyroid) represent only about 25 percent of the drugs dispensed in the United States, they represent a substantial portion of the drugs available from multiple sources. In addition, the FDA list doesn't reflect manufacturer performance on a batch-to-batch basis. The pharmacist must consider the product manufacturer's potential for replicating a product from batch to batch. A tally of 590 manufacturers involved in approximately 3300 drug product citations in the FDA's weekly reports between 1970 and 1978 refutes the contention that all pharmaceutical manufacturers maintain equally effective quality-control programs."

Kenneth G. Mehrle, R.Ph. Past President, National Association of Retail Druggists

"The feds and the states want to use drug product selection to cut drug costs—and nothing more—without assuming any liability risks. In state legislature after state legislature, drug

Lawrence H. Block, R.Ph., Ph.D.

product selection proposals have pitted manufacturers against pharmacy groups, pharmacy groups against consumer organizations, and organized medicine against both pharmacy and consumer groups. Everyone has ended up fighting everyone else. What no one is mentioning is the professional aspect of DPS. That has been irretrievably lost—at least for now.

"In my opinion, true drug product selection is possible only if four conditions exist: (1) The drug industry is reconciled to the idea; (2) the medical profession does not see it as an affront; (3) the FDA stands by every potentially substitutable product and is willing

Kenneth G. Mehrle, R.Ph.

to assume all resulting liabilities; and (4) the pharmacist's professional judgment—and not dollar and cents accountability and the fear of fines and imprisonment—should be the deciding factor in whatever product is dispensed."

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DIMETHYL SULFOXIDE

Jospeh C. Veltri, Pharm. D.
Director
Intermountain Regional Poison Control Center

INTRODUCTION

Recently, many people have begun treating themselves with DMSO/dimethyl sulfoxide—following television reports about the drug's purposed healing powers. Advertisements and testimonials for DMSO commonly appear in newspapers, magazines and other publications. These ads are usually worded carefully to say that DMSO is a "solvent", however, they frequently contain anecdotal claims which attribute a variety of healing powers to DMSO. It is common knowledge that many pharmacies in Utah are receiving literature from enterprising individuals doing business as "pharmaceutical" companies, promoting "high profit" deals through the sale of DMSO. For a variety of reasons some pharmacists may be inclined to stock DMSO. It is the intent of this paper to summarize the chemistry, pharmacology, and toxicology of DMSO so that pharmacists can make informed decisions about this controversial drug.

CHEMISTRY

Dimethyl sulfoxide is a colorless liquid generally derived from lignin, the "cell cement" that holds trees and other woody plants together and is produced in abundance as a by-product of the manufacture of wood pulp. DMSO is a highly polar, water miscible, hygroscopic solvent for many organic compounds and inorganic salts. DMSO will dissolve most aromatic and unsaturated hydrocarbons, organic nitrogen compounds, organo-sulfur compounds, and a variety of natural and synthetic resins such as Dacron and nylon. DMSO is noted for its ability to solubilize a large number of organic fungicides, insecticides and herbicides. Moreover, DMSO is miscible with most of the common organic solvents.

BACKGROUND

DMSO was discovered in 1866 and has been widely used in industry as a degreaser and chemical reagent since the 1940's. DMSO was reported to have therapeutic potential in the early 1960's and was extensively studied in the treatment of a variety of diseases including (but not limited to) acute musculoskeletal injuries, arthritis, sinusitis, headaches, collagen diseases, various urological diseases, schizophrenia and retardation. In 1965 the FDA discontinued clinical trials of DMSO, presumably due to reports of ocular toxicity in animals. Late in 1966, the FDA decided that further controlled trials were warranted after it had undertaken a thorough review of the literature. When subsequent investigations failed to demonstrate ocular toxicity in humans, the FDA loosened its restrictions on clinical testing and Research Industries Corporation received approval in 1978 to market DMSO as a 50% solution (Rimso-50) for the symptomatic treatment of interstitial cystitis. In early 1980, the FDA requested the (NIH supported) Cooperative Studies for Rheumatic Diseases Group to organize a controlled blinded study to assess the efficacy of DMSO in the treatment of scleroderma. Unfortunately, because of the existing controversy, the restrictive and expensive protocol demands of the FDA, and the lack of profit incentive (DMSO is not patentable), most pharmaceutical manufacturers have lost interest in undertaking the clinical trials necessary to market this drug. As a result, neither the effectiveness nor safety of DMSO has been convincingly demonstrated in the treatment of many diseases for which it is purported to be effective.

PHARMACOLOGY

DMSO is rapidly absorbed after oral, topical or parenteral administration and is distributed throughout the body water. Peak serum levels occur 4 hours after oral administration and 4-8 hours after topical application. DMSO is metabolized in man to dimethyl sulfide and dimethyl sulfone. Unchanged DMSO and dimethyl sulfone are eliminated in the urine and feces. A small amount of DMSO is eliminated through the skin and lungs as dimethyl sulfide. The pharmacologic actions of DMSO are reported to include:

(Continued on Page 17)

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DMSO

- Rapid membrane penetration—DMSO rapidly crosses the intact skin and most membranes of the body without destroying the integrity of the tissue. The drug is also capable of transporting a variety of drugs and other solutes across skin and other tissue membranes.
- Anti-inflammatory effect—DMSO apparently has a stabilizing effect on lysosomes. This effect is thought to be due to the ability of DMSO to increase the availability of endogenous corticosteroids within lysosomes, thus enhancing the stabilizing effect of steroids within the lysosome.
- Dissolution of collagen—DMSO may suppress fibroblast formation in connective tissue thereby altering the formation of collagen.
- Local analgesia—DMSO is thought to lower the velocity of peripheral nerve conduction thereby reducing pain locally.
- Vasodilation—DMSO can initiate the release of endogenous histamine which is a potent vasodilator.
- Diuresis—DMSO is a moderately potent osmotic diuretic.
- Other—Less documented pharmacologic actions attributed to DMSO include muscle relaxation, weak bacteriostasis and antifungal activity, cholinesterase inhibition and cryoprotective effects for living cells.

CLINICAL USE

Currently the only FDA approved human use of DMSO is the symptomatic treatment of interstitial cystitis. DMSO is also available in this country as a veterinary drug (90% solution) for the topical treatment of acute musculoskeletal injuries, particularly in horses and dogs. DMSO has been used investigationally in treating a variety of disorders for which conclusive evidence of efficacy is lacking.

TOXICITY

DMSO has been studied in at least 8 species of mammals, including humans, as well as some species of fish and birds. Acute and chronic studies on the effects of DMSO have shown it to be

(Continued on Page 19)

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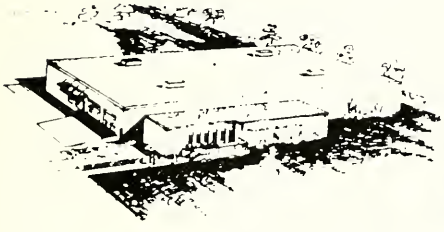

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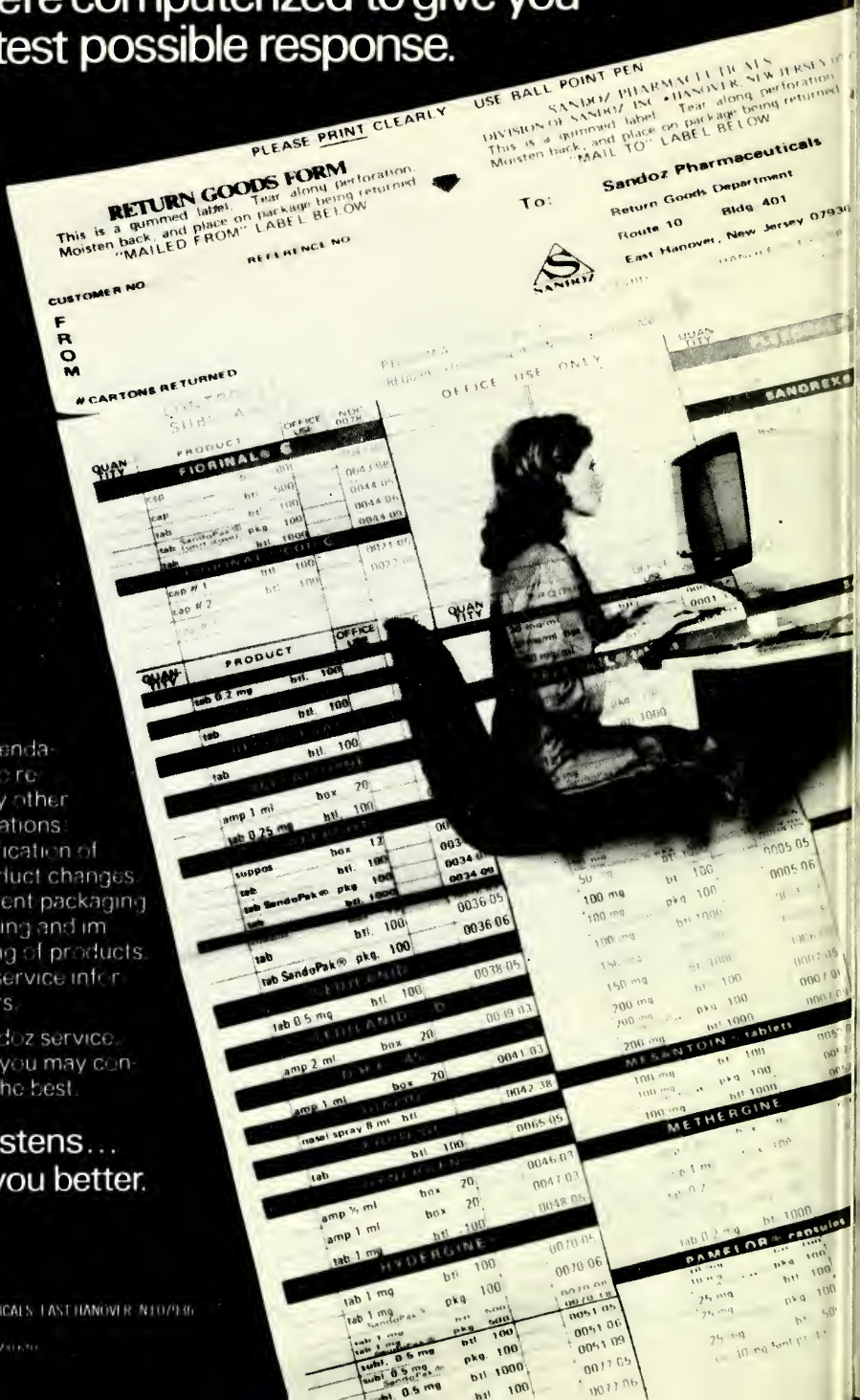

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DMSO

well tolerated when applied to the skin, ingested and injected. While DMSO is clearly not without side effects, those that are reported are usually mild and transient. Topical, oral and parenteral administration of DMSO all result in a characteristic garlic-like taste and odor on the breath and skin due to the excretion of the dimethyl sulfide metabolite. The taste is notable in a few minutes after topical administration and may last for hours, while the odor may last 72 hours. Side effects of topical administration include erythema, itching, burning and occasionally blistering. These effects are normally associated with concentrations of DMSO greater than 70%. Prolonged topical use may result in maceration and scaling of the skin culminating in dermatitis.

DMSO has potent histamine liberating properties which has caused the typical flare and wheal response at the site of administration, especially with concentrations of DMSO greater than 70%. Occasional hypersensitivity reactions have been noted in humans. Other side effects of note include headache, nausea, diarrhea, burning upon urination, transient disturbance of color vision, and photophobia. Allergic reactions have been reported and allergens of small molecular weight that are either on the skin or dissolved in the DMSO can be carried through intact human skin. The manufacturer does warn of the possibility of anaphylactoid reactions.

It is the opinion of his author that the most significant potential acute toxicity of DMSO is due to its ability to penetrate the skin and carry solutes into the systemic circulation. If toxic substances such as pesticides are on the skin or dissolved in the DMSO and DMSO is applied to the skin, they can be rapidly absorbed into the system resulting in serious harm. While admittedly the toxicity resulting from such a situation is only potential, historical evidence of disease from analogous situations does exist.

Bibliography available upon request.

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LILLY DIGEST 1981

A PREVIEW OF INDEPENDENT COMMUNITY PHARMACY—1981

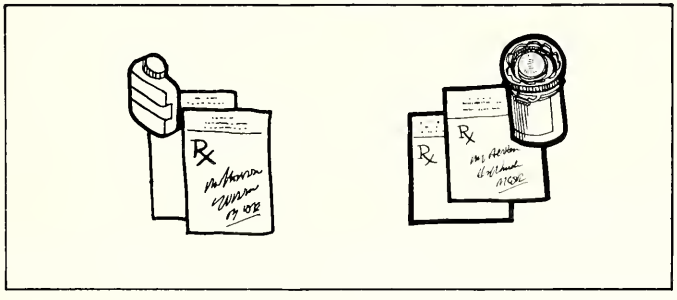
This year's preliminary *Lilly Digest* report, based on 1980 operating statistics from 851 independent community pharmacies, indicates lower cost-of-goods and expense figures that resulted in higher gross margin and net profit before taxes. When the income and expense statement items are expressed as percentages of total sales and compared with *Lilly Digest* figures for 1979, they show that . . .

- Total sales attained a new high of $419,021, a $27,340 increase (7.0 percent) over 1979 sales. This rate of increase is somewhat lower than the average annual growth rate of 7.7 percent observed over the past decade. Prescription sales showed a 9.6 percent gain over the previous year's figure and significantly outpaced other sales, which advanced 4.4 percent. Total prescription sales accounted for just over half of the independent community pharmacy volume at 51.0 percent (up from 49.8 percent in 1979).
- The cost of goods sold declined 0.1 percent to 65.6 percent of sales, which caused gross margin to rise to 34.4 percent from 34.3 percent recorded in 1979. Total expenses also decreased as a percent of sales to a new low of 30.9 percent (down from 31.3 percent in 1979). This percentage reduction was the collective result of manager's salary, employees' wages, and rent more than offsetting the increase in miscellaneous operating costs. The combined effect of these changes was the significant increase in net profit before taxes to 3.5 percent (up from 3.0 percent in 1979), just above the 1977 level of 3.4 percent.
- Although total expenses declined as a percent of sales, they did rise in terms of dollars (up $6,544, or 5.3 percent, from the 1979 figure). The average proprietor's salary also was higher in dollars (up $682) but fell as a percent of sales from 6.5 to 6.2 percent. Similarly, employees' wages increased in dollars but were lower percentagewise when compared with averages for 1979 (down 0.2 percent to 11.7 from 11.9 percent). As a percent of sales, rent fell slightly from 2.5 to 2.4 percent. However, average rental expense rose $396 to post a 4.0 percent gain over the 1979 figure. Dollarwise, net profit before taxes showed a 27.2 percent increase over the previous year (up $3,162). This was the largest annual net profit gain in recorded history for *Lilly Digest* participants. Total income (proprietor's salary plus net profit, before taxes) improved both in dollars and as a percent of sales (3,844 and 0.2 percent respectively).
- Prescription inventory and merchandise inventory required more dollars; however, both dropped percentagewise (from 11.8 to 11.5 and from 20.9 to 20.5 percent of sales respectively). The prescription department's sales productivity moved up to $8.67 per stock dollar (1.8 percent higher), while other merchandise productivity rose to $4.87 from $4.78 (up 1.9 percent).
- The share of new prescriptions remained at 49.7 percent of total prescriptions dispensed (up 0.9 percent from the previous year's level). Renewed prescriptions were higher by 109 than the 1979 figure but were unchanged as a percent of total prescriptions dispensed. As a result, total prescriptions continued a two-year growth trend, showing an increase of 228 prescriptions dispensed. During 1980, 27,415 prescriptions were dispensed in the average independent community pharmacy (0.8 percent more than in 1979). The average prescription charge rose to $7.80 during 1980, up 62 cents (8.6 percent) over the 1979 figure of $7.18.

The following table summarizes the preliminary *Lilly Digest* report of the 1980 operating figures for 851 independent community pharmacies and compares these with the 1979 *Lilly Digest* averages from 1,458 pharmacies. The annual *Lilly Digest* will be completed and distributed in September, 1981.

LILLY DIGEST 1981

Averages per Pharmacy	1980 (851 Pharmacies)	1979 (1,458 Pharmacies)	Amount and Percent of Change
Sales			
Prescription	$213,812— 51.0%	$195,159— 49.8%	+$18,653— 9.6%
Other	205,209— 49.0%	196,522— 50.2%	+$ 8,687— 4.4%
Total	$419,021—100.0%	$391,681—100.0%	+$27,340— 7.0%
Cost of goods and sold	274,968— 65.6%	257,334— 65.7%	+$17,634— 6.9%
Gross margin	$144,053— 34.4%	$134,347— 34.3%	+$ 9,706— 7.2%
Expenses			
Proprietor's or manager's salary	$ 26,028— 6.2%	$ 25,346— 6.5%	+$ 682— 2.7%
Employees' wages	49,054— 11.7%	46,759— 11.9%	+$ 2,295— 4.9%
Rent	10,179— 2.4%	9,783— 2.5%	+$ 396— 4.0%
Miscellaneous operating costs	44,015— 10.6%	40,844— 10.4%	+$ 3,171— 7.8%
Total expenses	$129,276— 30.9%	$122,732— 31.3%	+$ 6,544— 5.3%
Net profit (before taxes)	$ 14,777— 3.5%	$ 11,615— 3.0%	+$ 3,162—27.2%
Total income (net profit plus proprietor's salary, before taxes)	$ 40,805— 9.7%	$ 36,961— 9.5%	+$ 3,844—10.4%
Value of inventory at cost and as a percent of sales			
Prescription	$ 24,666— 11.5%	$ 22,941— 11.8%	+$ 1,725— 7.5%
Other	42,095— 20.5%	41,125— 20.9%	+$ 970— 2.4%
Total	$ 66,761— 15.9%	$ 64,066— 16.4%	+$ 2,695— 4.2%
Annual rate of turnover of inventory	4.3 times	4.2 times	
Number of prescriptions dispensed			
New	13,618— 49.7%	13,499— 49.7%	+ 119— 0.9%
Renewed	13,797— 50.3%	13,688— 50.3%	+ 109— 0.8%
Total	27,415—100.0%	27,187—100.0%	+ 228— 0.8%
Average prescription charge	$7.80	$7.18	+ 0.62— 8.6%



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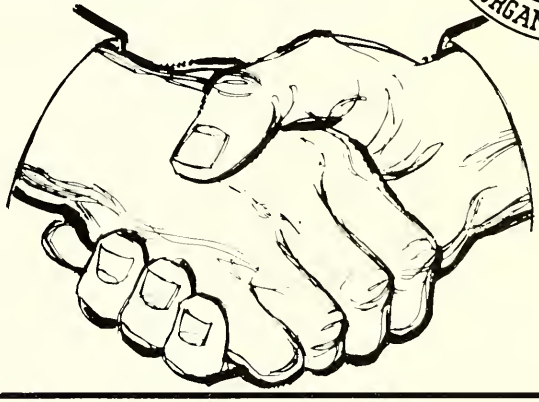

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LOCAL PHARMACY NEWS

GREENSBORO

The regular monthly meeting of the Guilford County Society of Pharmacists was held on Wednesday, April 8, 1981 at 8:00 p.m. in Thompson Auditorium of Wesley Long Community Hospital. Guest speaker was J. Robert Powell, Assistant Professor, Department of Pharmacy Practice, at UNC School of Pharmacy. Mr. Powell's discussion of current trends in asthma therapy was very informative, and provided a great many facts about asthma therapy that every practicing pharmacist should be aware of. After a short business session that followed the program, President Arnie Cherson adjourned the meeting.

Respectfully submitted,
J. Frank Burton, Secretary

LENOIR-GREENE-JONES

The Lenoir-Greene-Jones Pharmaceutical Society held its monthly meeting on April 8, 1981 with Ms. Linda Sodequist of Health Com, Inc. as the speaker. Ms. Sodequist showed the Society what computers are capable of doing in the pharmacy and brought some examples of the equipment.

The Society agreed to co-sponsor the Vial of Life program with the Lenoir County Council on Aging.

It was announced that Lenoir Memorial Hospital has agreed to seat an outside Pharmacist on its Patient Education Committee. Pharmacists will be rotated on this periodically.

Members were reminded of the Convention to be held later in the month at Charlotte and were asked to buy a ticket for the raffle sponsored by the Auxiliary. Over 30 tickets were sold at the meeting.

At the next meeting, the Pharmacists have agreed to bring their technicians and treat them and the students at Lenoir Community College in the pharmacy technician courses to supper.

ALAMANCE COUNTY

The Alamance County Pharmaceutical Association met Wednesday, April 22, 1981 at the Alamance County Country Club. Webb McAdams, the vice-president, introduced the speakers, Dennis and Susan Stamper, who are members of the Alamance Board of Hospice.

The subject of the program was the Hospice Society, which is a program of service designed to meet the physical, mental, psychological, social, and emotional needs of persons who are dying and their families. Hospice focuses on the entire family and deals with the realization that the family must live with the disease while the person is alive as well as after his death. An important aspect is pain control, and Hospice seeks to ease pain and control the patient's symptoms. Hospice provides an option for the dying person who chooses to live together with his family until death.

There are 12 to 13 affiliates of Hospice in North Carolina. It is primarily a volunteer effort and is made up of an organized team of professionals and trained lay volunteers. The service is provided free to patients who have six months or less to live, and patients must be referred by their physician or be self-referred. There is 24-hour, seven day a week coverage.

The meeting was adjourned after a question and answer period.

Diane Fink, Secretary

CHARLOTTE WOMAN'S AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, May 12, 1981 at 11:30 AM for a luncheon at the Park Road YWCA. Officers for 1981-1982 were installed. They are as follows:

President:
Mrs. Edward Anselment
Vice-Presidents:
Mrs. Douglas T. Corwin
Mrs. Sam E. Lowman
Secretaries:
Mrs. Grover L. Smith
Mrs. James W. Oxendine
Treasurer:
Mrs. C. Gibb Henley

The auxiliary's scholarship recipient, Janet Fowler and her mother, Kathleen Fowler were guests of Lurlene Barnhardt.

He knows the practice of pharmacy inside and out.

In fact, during the years since he graduated from pharmacy school in 1964, he has done everything but teach it.

Before joining Upjohn in 1973 as a sales representative, Vince worked as a pharmacist in a community drug store; in a small chain drug store; in a large chain drug store; and as assistant director of pharmacy at a large hospital.

This experience has given Vince a strong personal insight into the needs of other pharmacists. His background, training and continuing education all help Vince provide information and service to pharmacists in his area.

Vince is one of several hundred pharmacists at Upjohn who are proud of their role as members of the health care team—and their partnership with your side of the counter.

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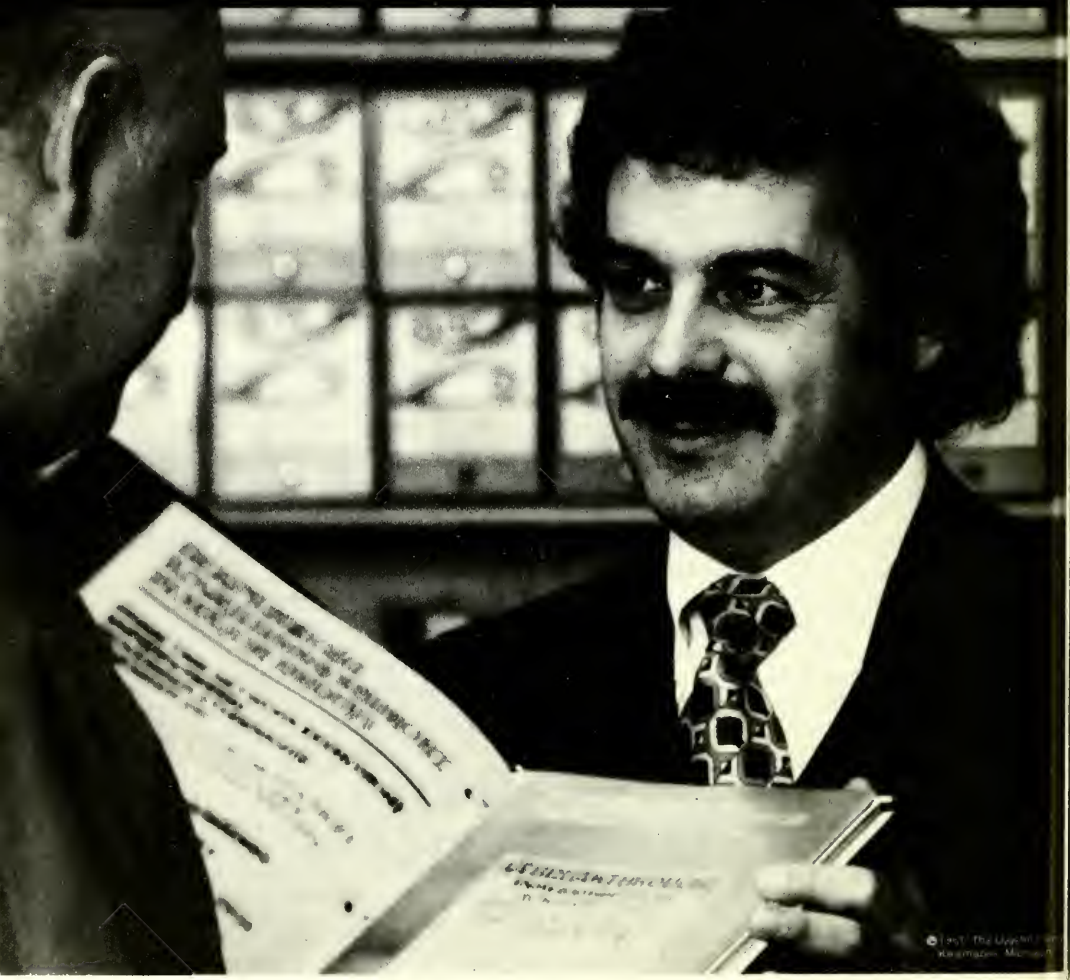

LOAN FUND RECEIVES $3,000 FROM BURROUGHS WELLCOME CO.

Four $750.00 checks have been presented to Tom S. Miya, Ph.D., Dean of the University of North Carolina School of Pharmacy, from the Burroughs Wellcome Pharmacy Education Program.

The money is intended to establish a revolving loan fund for needy/deserving undergraduate pharmacy students, and the funds will be set up in the name of Mr. E. C. Howard, Mars Hill; Mr. John Wilson, Morganton; Mr. Robert Kiger, Shelby; and Mr. Thomas Price, IV, Marietta, Georgia, four of the 156 winners in the 1980 program. Thirty-two thousand pharmacists entered from all fifty states plus the District of Columbia and Puerto Rico. The loan funds will be a part of the Consolidated Pharmacy Student Loan Fund administered by the North Carolina Pharmaceutical Association.

In a letter of appreciation, Dean Miya said, "It is through the loyalty and graciousness of pharmacists like you that the educational process is possible and worthwhile."

The Burroughs Wellcome Pharmacy Education Program is a part of the Company's partnership with Pharmacy in helping to assure the future of the profession through education.

KINSTON ROTARY HONORS JOHN HOOD

John C. Hood, Jr. was honored at a recent meeting of the Kinston Noon Rotary Club by being named a Paul Harris Fellow. One thousand dollars was donated to the Rotary Foundation on Hood's behalf by the local Rotary Club.

Hood was cited for the dedicated work he has done for the club, which he has served as president and a member of the foundation committee. John Hood is only the fourth member of this club to be so honored.

HIGHLANDS

Highlands Rexall Pharmacy has moved from 216 South Fourth Street to Main Street, effective May 1, 1981

WINSTON-SALEM

W. A. Simmons has been selected for special recognition during "National Volunteer Week" by the Winston-Salem Voluntary Action Center. Simmons was chosen for his efforts in securing wheelchairs, special beds and other equipment needed for the care on cancer patients. "By the action of people like Bill Simmons, people throughout our community will be inspired to get more involved in helping others," said Stephanie Mitchell, an official with the center.

Helen Teresa Rogers has been assigned to the Asheville territory for The Upjohn Company. She recently completed four weeks of training at The Upjohn Company Learning Center in Kalamazoo, Michigan. This is part of the ten-week initial-phase training for all new Upjohn sales representatives. Terri is a graduate of Clemson University.

We're listening, Baltimore

"Managing a small independent chain means I'm dealing every day with all the problems that confront most small businessmen," says Wesley N. Shelton, R.Ph., who owns and operates four pharmacies in Baltimore, Md.

"I have to find the best answers for everything from purchasing to pricing—from personnel policies to security practices—for my four pharmacies. The success of my business depends on making the right decisions."

We hear you, Wesley Shelton

As part of SK&F's pharmacy services, there are several programs available that can help pharmacists with day-to-day managerial problems like those mentioned by Mr. Shelton.

These SK&F programs now include (1) **Communi-Pharm,** a unique management simulation seminar; (2) **Understanding and Motivating Pharmacy Employees,** which introduces participants to many of the motivational factors in dealing with people in work environments; and (3) **Security in Community Pharmacy,** a video tape/seminar program that can help prevent robberies and shoplifting.

For information about these programs, contact your SK&F Representative.

SK&F Pharmacy Forum

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PHARMACY ROBBERIES

STOLEN Rx BLANKS

Dr. A. Parker, Goldsboro, reports the theft of a large number of Rx blanks from his office. Verify prescriptions for street-popular drugs.

PHARMACIST MURDERED DURING ROBBERY

Eugene M. Morris, 57, a long-time resident of Brevard, was shot and killed during an armed robbery of Revco Discount Drug Store in Asheville, Saturday, April 11.

According to witnesses, the shooting took place during a drug related holdup, when a man later identified as R. J. Tribble of Suffolk, Va., fired point-blank at Morris, killing him instantly. Tribble entered the store about 3:30 p.m., brandishing a 22-calibre automatic pistol and demanding drugs. He was said to be hysterical and frantic, shouting at Morris. Several shots were fired and Tribble fled the store with a large bag of drugs. He was arrested three blocks away with his pistol empty. Several clerks and customers were in the store but none of them were hurt.

Morris was a magna cum laude graduate of the School of Pharmacy of the University of South Carolina and went to Brevard in 1950. He was a partner in Long's Drug Store with Eddie Varner and in 1958 purchased Long's Drug Store on the square which he operated as Morris Pharmacy until 1980, when he sold the pharmacy for health reasons.

He served in the Air Force during World War II as an instructor and retired from the Reserve as a lieutenant colonel. He was a past ruler of the local Elks lodge and a trustee of Transylvania Community Hospital. Morris served on the school board from 1961 to 1976 and was elected Chairman of the County Board of Education in 1974. He is survived by his wife, son and daughter.

FOR RENT

Two (2) bedroom Condominium at Atlantic Beach, N. C. Sleeps 6 to 8. Fantastic view on the ocean and sound. By the week, weekend or day. Discount to pharmacists. Call (919) 823-6082 or 823-1107.

STORE FIXTURES FOR SALE

Complete fixtures for 3,000 square ft. space. Card racks, 6 glass show cases, 3 auxiliary counters, Rx counter with sink, gondolas and wall units. Need to sell by August 1. Price negotiable. Contact Linda Critz: Home (704) 728-7779 Business (704) 754-4531.

RELIEF PHARMACIST

Relief Pharmacist available—Wilmington area (50 mile radius). 8 years experience in retail and discount chain and independent . . . some hospital experience. Call (919) 762-2713 after 9:00 pm or contact NCPhA.

STORE FOR SALE

Ten-year-old store for sale. 2500 square feet. Fifty miles from coast. Contact Box NW, NCPhA.

PHARMACIST AVAILABLE

Pharmacist available for relief and part-time work until full-time position is available. Greater Greensboro area. Contact Gail Karesh, 316 S. Aycock St., Greensboro, 27403 (919) 273-4604.

PHARMACY WANTED

Wants to buy small town pharmacy. Eastern North Carolina location. Contact Walter Moore, 1020 Northway Drive, St. Albans, W. Va. 25177.

CHIEF PHARMACIST WANTED

Duplin County Hospital is seeking a full-time pharmacist with experience in hospital pharmacy operations, including drug utilization, unit dose, patient profile, drug purchasing. Send resume with salary history to Richard Harrell, Administrator, Duplin General Hospital, P. O. Box 278, Kenansville, 28349.

HOLLOWELL HEADS LUNG ASSOCIATION

W. Herbert Hollowell, Jr., Edenton, was installed as president of the American Lung Association of North Carolina at the Association's annual meeting in Greensboro, April 29 & 30.

Hollowell, a graduate of the UNC School of Pharmacy and native of Chowan County, became interested in the Lung Association 11 years ago through a friend and as a result of personal lung problems. He joined the Board of Directors of the American Lung Association of North Carolina, Eastern Region, and in 1978 was named that Regions Volunteer of the Year. He served as president of the Eastern Region in 1976 and has served the state association as secretary, vice president, Environmental Committee, and as state chairman of the Finance Committee.

The new president is active in the Lions Club as past district governor; he has served as president of the N. C. Lions Association for the Blind, and was appointed to the State Committee for the Blind by Governor James Hunt in 1978. He is chairman of the Chowan County Morehead Award Committee and a member of the Edenton Town Council.

Hollowell is a co-owner of Hollowell and Blount Drug Store and is past president of the Northeastern Carolina Pharmaceutical Society. He has also served on various NCPhA committees. He is a past chairman of the Board of Trustees of Edenton United Methodist Church and currently is the treasurer of the church.

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NORTH CAROLINA
AT
CHAPEL HILL

ScRxipt

"A MESSAGE TO GRADUATES"

On behalf of the faculty and staff, I wish to congratulate the graduating students as they commence to face an ever more hostile environment. I have never been more confident, however, of the future of the pharmacy profession.

Despite what has appeared to be a divided profession, pharmacy has made remarkable strides in the last two decades, and I predict that the immediate future will bring more progress. Despite the controversy over degrees and titles, a universal Pharm.D. program, B.S., a self-annointed retroactive P.D., curricular controversy and the relative importance of the basic sciences vs. clinical vs. management skills, despite the philosophical stances of the major organizations in pharmacy we will make progress.

My optimism is based on the quality of you, the graduating class. Your motivation and enthusiasm, individually and collectively, have been one of the best I have been privileged to observe.

During our Socio-Economic Seminar in Chapel Hill, William S. Apple, President of the American Pharmaceutical Association, quoted a portion of President Reagan's inaugural address. The new President asked the country, "Can we solve the problems confronting us?" "Yes," he declared, "We are not, as some would have us believe, doomed to an inevitable decline. I do not believe in a fate that will fall on us no matter what we do. I do believe in a fate that will fall on us if we do nothing."

I am confident that you, collectively, will do something and that something will be good for pharmacy.

Dean Tom S. Miya

SAPhA 1980-1981

by Mark Davis

My year as president of the Student Branches of the American and North Carolina Pharmaceutical Association began with an induction dinner meeting at Slug's Restaurant last April 21, and it's been a most enjoyable and educational experience ever since.

We had our planning meeting at the Institute of Pharmacy July 13 with Mr. Al Mebane & Mr. Jack Watts, president of NCPhA, and all past and present officers present, and then went to Western Sizzlin—courtesy of the Institute. At this time we made lots of plans—enough to keep us all busy for the coming year.

The first week of school I spoke at the 3/5 orientation in an attempt to interest fellow students in SAPhA. At this time Linda Hollowell began her job as membership chairman by sending letters to all prospective members. We now have nearly 300 members, an increase of about 100 over last year.

On August 26, over 400 people attended our Annual SAPhA Picnic at the FARM. This picnic is held each year in an attempt to get to know all new 3/5 students, as well as to gain new members.

On September 2, our officers went to dinner with Jesse Pike, president of Nard, who spoke at our SAPhA meeting afterward. He gave a very interesting program on his family history—since almost everyone in his family is involved in the pharmaceutical profession.

To commemorate the 100th Anniversary of Pharmacy in the State of N. C., Julian Upchurch, Jack Watts, Marshall Sasser, and Evelyn Loyd, buried a time capsule which included mementos from last year's conventions, photographs pertaining to the School of Pharmacy and the profession of pharmacy, actual drugs in use today and other memorabilia in the rose garden at the Institute. The capsule will be opened in 100 years.

Mr. Al Mebane spoke at the October meeting on the proposed Pharmacy Practice Act, which involves all of us.

At our November meeting, Dr. Ralph Raasch, spoke on the Pharm-D program, which is being started at Carolina this fall.

The Diabetes screening Clinic was held November 17 and 18 at the University Mall. The Ames Company donated the dextrometer to SAPhA for use at future clinics.

Thomas Walden, Medical Science Liaison at Upjohn, spoke at our January meeting on Geriatrics. He discussed the specialized therapy used in treating older people and the increasing number of geriatric patients.

At our March meeting, Joe Martin, a retired employee of Center of Disease Control, who was formerly in charge of the Venereal Disease Control Program in N.C., spoke on CDC, and syphilis—beginning with the history of the disease as far back as Columbus and continuing through the procedures used in controlling it today.

Gov. Jim Hunt declared March 8-14 Venereal Disease Awareness Week. We participated in the statewide program with radio spots, television appearances, and distributed posters and pamphlets to most pharmacies in the State of N. C. We reached an estimated 2 million people with this effort and placed second in the national competition held each year by AACP.

Carroll Crew, vice president of SAPhA, Eric Parker, Nancy Pitroski, and I attended the 128th Annual APhA Convention March 27-30 in St. Louis, Missouri. Here we participated in various activities and seminars, one being a VD Seminar with Howard Mirsky, who had been helping us with the planning of our VD Awareness Program.

At our last meeting, Tom Burgiss, a pharmacist from Sparta, and a past president of NCPhA, gave a very inspirational program entitled "Together We're Better." At this meeting, Al Mebane installed our new officers—who are:

President—Susan Lee
Vice President—Mary Dorsey
Secretary—Lynne Hobgood
Treasurer—Karol Krueger
Assistant to President—Millie Gibson
Corresponding Secretary—Mercedes Smith

Now, I'd like to say "Thank You" to all my past officers—

Vice President—Carroll Crew
Secretary—Susan Higgins
Treasurer—Susan Meir
Assistant to the President—Linda Hollowell

Since all of these are ladies, it gave me an opportunity to give them all a rose.

Also, a special thanks to Dean Miya, Dean Werley, Dr. Gagnon, Carolyn Clayton, and most of all, Al Mebane. I have one last remark to make to Al at this time—"It's better to be a 'has-been' than to have never been at all."

RHO CHI SOCIETY INDUCTION

Forty-two undergraduate students and five graduate students were inducted into Rho Chi Society at ceremonies held on April 30, 1981.

Rho Chi is an honorary pharmacy society which recognizes students who attain not less than a 3.0 grade point average, and are in the top 20% of their class. In addition, the selected student must possess strength of character, personality, and leadership. Mr. A. Wayne Pittman is faculty advisor to the group.

UNDERGRADUATE STUDENT INITIATES

Randall Kenneth Absher
Ginger Quay Alexander
Randall Brent Angel
Laura Leigh Banner
Martha West Bennett
Janice Laird Boyt
Janet Thomas Brown
Mary Ella Brown
Deborah Jean Cartwright
Emily Ward Cate
Stephanie Yvonne Crawford
Carroll Anna Crew
Carla Louise Dean
William Gregory Dozier
Tina Renae Eckard
Deborah Lynn Edwards
Kathleen Gibson
Kim Lorraine Hartgrove
Cynthia Lynn Hartmann
John Lee Hinson, Jr.
Linda Ann Hollowell
Admiral Griffith Howell, Jr.
Hsi-Yin Dorothy Hu Huang
Alton Dale Johnson
Michael King Jolly
Glenda Harbin Kessell
Rosalind Robertson Lowe
Christopher Eric Madison
Glen Earl Meade, Jr.
Elaine Barbara Mott
Mary Jane Mullis
Eric McFee Parker
Deborah Lynn Presson
Jennifer RueAnn Price
Melany Ann Rogers
David Julius Roth
Susan Leigh Speir
Lynne Elizabeth Wagoner
Paul McIntyre White
Linda Carol Winship
Susan Carol Wobbleton
Patricia Jean Worthington

GRADUATE STUDENT INITIATES

Lucy Lawrence Allen
Vivianne Benaim
Kemp Jan Childress
Steven Douglas Kotter
Richard Michael Schulz

NEW OFFICERS XI CHAPTER, 1981-82

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Linda Ann Hollowell, Vice President
Susan Leigh Speir, Secretary-Treasurer
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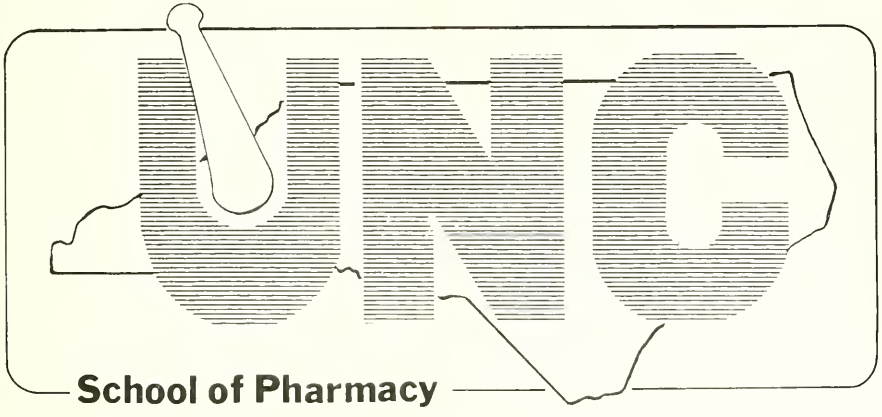

CONGRATULATIONS GRADUATES!

The School of Pharmacy honored its graduates in a ceremony at Hill Hall on Sunday, May 17, 1981. Including the August and December graduates, the total number of graduates is 169. J. Marshall Sasser of Smithfield, President of the N. C. Pharmaceutical Association, was the featured speaker.

The following is a list of the graduates and their hometowns. This is the fourth year in a row that women students constitute the majority of the graduates.

CLASS OF 1981

ADRIAN WYATT ADAMS, Elizabethtown
BARBARA DAWN ADAMS, Wilson
JAMES RANDALL ADCOCK, Fuquay-Varina
TERESA ANN AGNER, Cherryville
TINA LYNN ALEXANDER, Lumberton
DONALD WADE ALLEN, Murfreesboro
JANET ELAINE ALSAGER, Wilson
JONATHAN MARK BACON, Lenoir
NANCY ELIZABETH BAILEY, High Point
RANDY GRAY BALL, Raleigh
PAULA LOUISE BARFIELD, Weldon
SUSAN AVERRIE BEAL, Hayesville
ALLEN ANTHONY BETHEA, Charlotte
DONNA MARIE BLACKBURN, Winston-Salem
SUZANNE BLAUG, Chapel Hill
MARSHALL BROWER BOWDEN, Goldsboro
JANET THOMAS BROWN, Raleigh
THOMAS VERNON BURRUS, Shelby
LARRY CHARLES CARPENTER, Waco
MICHAEL ANTONIO CARRELLI, JR., Asheville
PHYLLIS JO CAWTHORNE, Henderson
KAY REAVIS MILLER CEASE, Raleigh
BILLIE SPRUILL CHAPMAN, Siler City
CARLISLE CHENAULT, Raleigh
SHERRY LYNN CHILDRES, Lilburn, GA
PAUL CHU, Chapel Hill
ALEC WILLIAM CELLAND III, Fayetteville
WALTER ALLISON CLOSE, Raleigh
HARRY GEORGE COCOLAS, Chapel Hill
ELIZABETH FULBRIGHT COLLUMS, Hickory
YVONNE FAYE CRAWFORD, Reidsville
STEPHANIE YVONNE CRAWFORD, Snow Hill
DOUGLAS ALAN CRAWLEY, Mooresville
EULA MAE DANIEL, Oxford
ARNOLD CHRISTOPHER DAY, Spruce Pine
CARLA LOUISE DEAN, Salisbury
BRUCE EDWIN DICKERSON, Roxboro
TINA RENAE ECKARD, Taylorsville
DEBORAH LYNN EDWARDS, Nashville
ANNIE LAURIE ESKRIDGE, Shelby
CHARLES ARNOLD EVERETT, Elizabeth City
TAMMY JANE EVERETTE, Farmville
JEFFREY CLAUDE FERGUSON, Lake Junaluska
KAREN ELIZABETH FISHER, Columbus
CHARLES LANIER FLYNN, Winston-Salem
SUSAN MEADE FOSTER, Elizabeth City
DIANA VALIEASE FOWLER, Tabor City
ANN COVINGTON FREDERIKSEN, Fayetteville
STEPHEN EDWARD FRIDAY, Gastonia
SONJA LYNN GIRARD, Clemmons
SHEILA DIANE GOODWIN, Apex
RODNEY SLOOP GORDON, Efland
RAMONA DONNA GRAHAM, Washington, DC
EARL LEE GRIFFIN, Fayetteville
KEVIN WALLACE GUFFEY, Gastonia
PAUL WAYNE GUTHRIE, III, Winston-Salem
ROSALIND JOYE HALL, McAdenville
KIM EMILIE HAMLET, Asheboro
REGINALD LEE HARDY, Elkin
WALTER STANTON HARRELL, Elizabeth City
KEITH ALEXANDER HATCH, High Point
ERIC CLIFFORD HAYES, North Wilkesboro
PAMELA GAYE HAYES, Horseheads, NY
DOUGLAS SCOTT HAZELGROVE, Wilmington
JOHN MICHAEL HEILMAN, Valdese
JANET LOU HESTER, Hurdle Mills
SUSAN RUTH HIGGINS, Raleigh
KIMBERLY IRENE HOLBROOK, Charlotte
CHARLES GREGORY HOLCOMB, Jonesville
ANN HUGHEY HOLLEMAN, Gastonia
JULIE ANN HOLSHOUSER, Rockwell
KEITH GORDON HOOD, Escoheag, RI
BEN COLEMAN HOWARD, Siler City
CHARLOTTA KING HOWELL, Raeford
DOROTHY HU HUANG, Chapel Hill
SHANNON CANDACE HUFF, Stoneville
JAMES CHARLTON HUNTLEY, Southern Pines
KAREN LYNN IDOL, Kernersville
SHARON LYNN ISGETT, Asheville
JANE KATHERINE JENNELLE, Vienna, VA
DONALD CAMERON JOHNSTON, Hickory
MARY ALISON JORDAN, Edenton
GLENDA HARBIN KESSELL, Dallas
ALAN WICKER KNIGHT, Pinehurst
GARRY ODELL KOONTZ, Lexington
CAROL WHITE LABADIE, New Bern
SUSAN MARIE LACH, Raleigh

TIMOTHY RAY LANGDON, Four Oaks
SUSANNE VENEZIA LANGDON, Cary
MARY WICKHAM LEMBERG, Tiffin, OH
DAVID MICHAEL LINDSAY, Raleigh
MICHAEL THOMAS LONG, Roxboro
NANCY KATHRYN LOWDER, Winston-Salem
WALLACE HOYLE LOWDER, JR., Mt. Gilead
RONALD ERIC LYERLY, Winston-Salem
CHRISTOPHER ERIC MADISON, Lenoir
MARINA LYNN MAGGIO, Holmdel, NJ
ROGER KEITH MALLARD, New Bern
GLORIA JILL MANESS, Asheboro
DONNA MARGUERITE MARQUIS, Raleigh
WILLIAM KEITH McCLAIN, Greensboro
JOSEPH OWEN McDOWELL, Scotland Neck
MARY MARGARET McNEILL, Whiteville
MARTHA HELEN MEASAMER, Asheboro
SUSAN LOUISE MEIER, Raleigh
NANCY VIRGINIA MELIN, Raleigh
VICTORIA NYE MERKEL, Kinston
THEODORE CLAYTON MICHIE, Roxboro
LOIS FLORETTE MOORE, Washington
KATHY DIANE MORRISON, Greensboro
JAMES BRADLEY MOSER, Claremont
BRADLEY LEE MOSS, Rural Hall
MARY JANE MULLIS, Charlotte
LESTER ELLIS MURCHISON, Chapel Hill
GLORIA ELAINE MURRAY, Candler
JANET LEIGH MUSTEN, Kernersville
JULIENNE BUSSEY ORR, Raleigh
SHARA LYNNE OSBORN, Oxon Hill, MD
JOHN DANA OUTTEN, Plymouth
KELLY JEAN OVERBY, Fuquay-Varina
DONNA JEAN OWENS, Winston-Salem
WILLIAM WINFRED OWENS, Elizabeth City
RICHARD KELLY OWENSBY, Gerton
RONALD McKINNON PARKER, Hamlet
KATHERINE ANN PARKS, Galax, VA
JANICE KAY PATTEN, Concord
KATHRYN ARTIS PAYNE, Asheville
JENNIFER RueANN PRICE, Elizabeth City
KINNEY WARD REGISTER, Raleigh
DANIEL GRAY RIVENBARK, Warsaw
FLORENCE CELESTE SCHWINN, Wilmington
SUSAN ELIZABETH SELF, Durham
MARGARET ELAINE SHERMAN, Lillington
GREGORY MERLIN SHULL, Drexel
JOSEPH LEE SINGLETARY, Winston-Salem
CAROL HOPPER SINGLETARY, Marion
CRAMER LEIGH SMITH, Lillington
PHILLIP GARRIS STAFFORD, Kernersville
JOHN CARL STANCIL, JR., Concord
ROBYN OLMSTEAD STEPHENSON, Roanoke Rapids
HELEN ELIZABETH STUPALSKY, Raleigh
SIMON OLIVER STYRON, Pine Level
WADE BAKER STYRON, Pine Level
ANN JANETTE SWEET, Kannapolis
PATTI JOAN TARLTON, Wadesboro
DONNA KAY TAYLOR, Snow Hill
BENJAMIN EARL TEAL, Hoffman
JOHN PARKS THOMAS, Chadbourn
MONTE CARROLL THOMPSON, Ahoskie
KATHRYN ANN THORNTON, Red Springs
JO MARLENE TRAVIS, Raleigh
BETTY JOAN TURLINGTON, Lexington
MARY JOAN TURLINGTON, Lexington
MICHAEL LAWRENCE VENABLE, Winston-Salem
PAMELA SUE VOYLES, Linwood
JULIE LEIGH WARD, Rocky Mount
SUSAN BRADFORD WATSON, Oxford
JANET HOPE WESTER WEAVER, Louisburg
MARQUITA ANN WEST, Oxford
THERESSA WHITLEY, Raleigh
CHERYL ANNETTE WILLIAMS, Garner
JERRY O'NEIL WILLIAMS, JR., Hamlet
RONALD JACKSON WINSTEAD, Durham
CHERYL BRITT WOOD, Kannapolis
SARAH MOSES WOOD, Raeford
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1981 AWARD WINNERS

Congratulations to the following award winners. The awards were presented at the Annual Awards Ceremony held April 30, 1981 at Burroughs Wellcome Co. in the Research Triangle Park.

DISTINGUISHED SERVICE AWARD
Wade Gilliam

An engraved mortar and pestle is presented to an individual other than a student or a member of the Pharmacy Faculty who has made outstanding contributions to the instruction, research, and/or service functions of the School of Pharmacy.

Mr. Gilliam is a 1925 graduate of the UNC-Chapel Hill School of Pharmacy. His contributions to Pharmacy are too numerous to mention. Some of the most notable include the following: He has served as President of the North Carolina Pharmaceutical Association for two years. He is a past president of the Forsyth Pharmaceutical Society and a past president and founder of the North Carolina Pharmaceutical Research Foundation. He served two terms as a member of the Board of Pharmacy.

He and Mrs. Gilliam currently reside in Winston-Salem.

BEST INSTRUCTOR
Betty H. Dennis

Ms. Betty H. Dennis, Assistant Professor, Division of Pharmacy Practice, was honored as Best Instructor for 1980-81 at the Annual School of Pharmacy Awards Program.

Ms. Dennis was selected by the graduating class as the faculty member who has demonstrated the highest qualities of instructional ability based on the following criteria: 1) best presentation of material; 2) most interest in students; 3) fair and relevant quizzes; and 4) most contribution to student's pharmaceutical knowledge.

Ms. Dennis feels that "no one should quit learning after graduation, but everyone should instead make a point of learning one new thing every day." Currently, Ms. Dennis is co-ordinator of Pharmacy 77, Pathophysiology and Therapeutics. In addition to several other teaching responsibilities, Ms. Dennis is Director of Pharmacy for the Student Health Services.

KAPPA EPSILON AWARD
Jo Travis

The Kappa Epsilon Award is awarded annually to a fourth or fifth year woman student who has demonstrated outstanding qualities of leadership, character, service, and scholarship. It is sponsored by the Lambda Chapter of Kappa Epsilon.

Ms. Travis, who also won the Pharmacy Faculty Award, is from Raleigh, North Carolina.

McNEIL MORTAR & PESTLE AWARD
Sharon Williams

This award is presented annually to a fourth year student for outstanding performance in Pharmacy Administration studies. The winner of this award is eligible to compete for a $2000 prize in a Scholarship Essay Contest prior to the senior year. The award is sponsored by McNeil Consumer Products Company.

Ms. Williams is native of Lillington, North Carolina.

FRATERNITY SCHOLASTIC AWARD
Kappa Epsilon

This is awarded annually to the professional fraternity whose members have attained the highest scholastic average during the preceding two semesters. It is sponsored by Kappa Epsilon, Kappa Psi, and Phi Delta Chi fraternities.

Kappa Epsilon has won this award every year for the last eighteen years.

BUXTON WILLIAMS HUNTER AWARD
Eula Daniel

This is awarded annually to the graduating student who excels in campus citizenship and scholarship. It is given by Mr. D. R. Davis in memory of Buxton Williams Hunter.

Ms. Daniel is a native of Oxford, North Carolina.

UPJOHN ACHIEVEMENT AWARD
Jennifer Price

This is awarded to a graduating student for performance of outstanding services to the School of Pharmacy. It is sponsored by the Upjohn Company.

Ms. Price, a native of Elizabeth City, North Carolina, is also the recipient of the A.Ph.A. Certificate and the Division of Pharmacy Practice Achievement Award.

STUDENT BODY PRESIDENT AWARD
Randy Ball

This award is awarded annually to the President of the Student Body. It is sponsored by the Student Body of the School of Pharmacy.

Mr. Ball, a native of Raleigh, North Carolina is also the recipient of the Pharmacy Student Body Award.

PHARMACY STUDENT BODY AWARD
Randy Ball

This award is given annually to a member of the graduating class who has demonstrated the highest qualities of character, deportment, scholarship, participation in extracurricular activities, and promise of future distinction in the profession of Pharmacy. It is sponsored by the Student Body of the School of Pharmacy.

Mr. Ball, a native of Raleigh, North Carolina is also the recipient of the Pharmacy Student Body President Award.

McKESSON & ROBBINS AWARD
Gary Mark Davis

This award is presented on behalf of McKesson & Robbins, Inc. to the President of the Student Chapter, American Pharmaceutical Association.

Mr. Davis is a native of Lexington, North Carolina.

A.Ph.A. CERTIFICATE
Jennifer Price

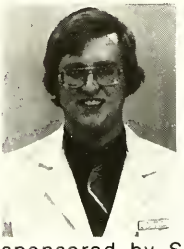
This award is presented to a graduating student on behalf of the American Pharmaceutical Association for outstanding services to the Student Chapter at The University of North Carolina.

Ms. Price, a native of Elizabeth City, North Carolina, is also the recipient of the Upjohn Achievement Award and the Division of Pharmacy Practice Achievement Award.

DIVISION OF PHARMACY PRACTICE ACHIEVEMENT AWARD
Jennifer Price

This award is presented to a graduate who has demonstrated a high degree of professional motivation and concern about the role of the pharmacist in the delivery of health care.

Ms. Price, a native of Elizabeth City, North Carolina, is also the recipient of the A.Ph.A. Certificate and the Upjohn Achievement Award.



SMITH KLINE & FRENCH AWARD
Ronald Winstead

This award recognizes academic excellence and demonstrated ability to apply this expertise to clinical practice. It is sponsored by Smith Kline and French Laboratories.

Mr. Winstead is a native of Durham, North Carolina.

RHO CHI FIRST YEAR AWARD
Deborah Cartwright

The Rho Chi First Year Award is awarded annually as a prize in the form of a suitable reference work to that student who shows the highest scholarship in the first year of the pharmacy curriculum. It is sponsored by the Xi Chapter of Rho Chi.

Ms. Cartwright is a native of Chapel Hill.

LILLY ACHIEVEMENT AWARD
Deborah Lynn Edwards

This award is presented to a graduating student in recognition of superior scholastic and professional achievement. It is sponsored by Eli Lilly and Company.

Ms. Edwards is a native of Nashville, North Carolina.

BRISTOL AWARD
J. Parks Thomas

This award is presented annually to a graduating student for noteworthy achievement in Pharmacy. It is sponsored by Bristol Laboratories.

Mr. Thomas is a native of Chadbourn, North Carolina.

MERCK AWARDS
Stephanie Crawford
Charles Flynn
Sonja Girard

These awards are presented annually to graduating students for noteworthy achievement in Pharmacy. They are sponsored by Merck & Company, Inc.

Stephanie Crawford is a native of Snow Hill, North Carolina.

Charles Flynn is a native of Winston-Salem, North Carolina.

Sonja Girard, a native of Clemmons, North Carolina is also the recipient of the M. L. Jacobs award.

PHARMACY FACULTY AWARD
Jo Travis

This is awarded annually to the graduating student who has attained the highest scholastic average during the four years of professional study in pharmacy. Beginning in 1980, this award is augmented by a special certificate and a cash prize provided by the Lemmon Company.

Ms. Travis, a native of Raleigh, is also the recipient of the Kappa Epsilon Award.

FORMER UNC PROFESSOR DIES

Paul J. Wurdack, 54, Bethel Park, PA. died April 5, 1981 at Forbes Hospice, East End, PA., after a lengthy illness.

Wurdack joined the faculty of the UNC School of Pharmacy in 1961 and was currently director of the University of Pittsburgh School of Pharmacy Continuing Education Program. He was on the Pitt graduate faculty, the curriculum committee and was secretary-treasurer of the Pharmacy Alumni Association. Dr. Wurdock is survived by his wife and three sons.

Chain pharmacists within a one hour's drive of Chapel Hill needed to participate in a study about employee turnover (no travel required). Please contact: Linda Barton, Secretary of the Pharmacy Administration Department at UNC. 966-1121 Ext. 256.

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Prior to the dinner, Mr. and Mrs. Day will be hosts for a social hour at The Chalet Lodge (6:30 p.m.).

Dinner Reservations

Dinner Reservations are available through the NCPhA office at $12.50 per person.

Pamela D. Tesh has been assigned to the Durham territory for The Upjohn Company. She recently completed four weeks of training at The Upjohn Company Learning Center in Kalamazoo, Michigan. This is part of the ten-week initial-phase training for all new Upjohn sales representatives. Pam is a graduate of the University of North Carolina-Greensboro.

A. H. ROBINS PROMOTES WINTERS

Michael E. Winters has been promoted to manager of the Carolina Division of A. H. Robins Company, Richmond-based pharmaceutical manufacturer.

Winters, a resident of Charlotte, has been with the company since 1976 and previously served as a district manager.

He is a graduate of Bowling Green State University.

The Carolina Division includes the majority of North and South Carolina.

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WEDDING

Miss Cynthia Lou Long and *Neil McPhail* exchanged vows March 22 at Smyrna Baptist Church in Whiteville. Rev. J. Boyce Brooks of Buies Creek officiated at the double ring ceremony.

The bride is a graduate of Meredith College and Campbell University graduate school. She is employed with the Harnett County Schools and is a kindergarten teacher at Shawtown School at Lillington.

The groom is a graduate of the UNC School of Pharmacy at Chapel Hill and is employed by Lafayette Drug Company and Forest Hills Pharmacy in Lillington. The couple resides in Lillington.

In Memoriam

REID BRIDGERS GRANTHAM

Reid B. Grantham, Red Springs, died Saturday, May 9, 1981, at Duke Medical Center after a brief illness. He was 64 years old.

Born in Red Springs, he began work in his father's drug store at the age of 12. He graduated from the Medical College of Virginia School of Pharmacy and went to work in Red Springs in 1937. Grantham served in the Army during World War II and returned to Red Springs in 1945 and operated the drug store until his retirement in 1980.

He was a deacon in the First Presbyterian Church and was a volunteer with the Red Springs Fire Department for 25 years. He had served on the Town Board of Commissioners and was actively involved with the Flora McDonald Gardens, Inc. Grantham is survived by his wife Josephine and one step-son.

JOSEPH ARNOLD CREECH

Joseph A. Creech, Selma, died Monday, April 27 at his Atlantic Beach vacation home. He was 70 years old. Creech, who operated Creech Drug Co. for many years prior to his retirement, served on the Selma Town Council from 1947 to 1955, when he was elected mayor. Joe, an associate member of the North Carolina Pharmaceutical Association, was a member of the Selma Lions Club, Booster Club, and the Selma Chamber of Commerce. He was a deacon in the Selma Baptist Church. He is survived by his wife Alonia; sons Joseph A. Creech, Jr. and Douglas H. Creech; and a daughter Jo Ann Parker.

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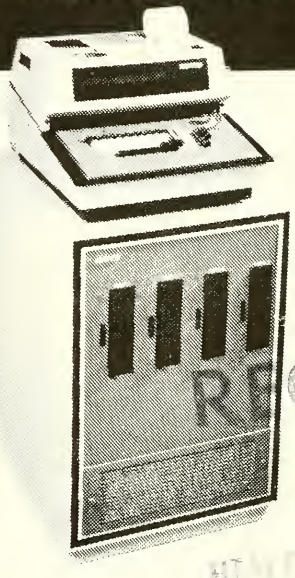

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VOLUME 61 NUMBER 6

JUNE 1981

Jack G. Watts, 1980-81 NCPhA President, Jesse M. Pike, Nard President and William E. Woods, NARD Executive Vice President, confer at the NCPhA Annual Convention. Photo by Colorcraft.

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NARD—THE VIEW FROM WASHINGTON

By
WILLIAM E. WOODS
Executive Vice President
NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

BEFORE THE
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION
ANNUAL MEETING
April 26, 1981
Radisson Hotel
Charlotte, North Carolina

It's my pleasure to share a billing on your centennial program with one of your own—NARD President Jesse Pike. Jesse is a very active president, as many of you know. He's constantly on the road, speaking on behalf of NARD promoting the causes of independent retail pharmacy. We appreciate Dorothy's willingness to share Jesse with us during his years of great contributions to NARD. Both Dorothy and Jesse Pike have been a distinct credit to the Pharmacy profession wherever they have traveled. NARD could use more roving, dedicated ambassadors like that.

I've been asked to speak to you tonight about some of the issues confronting independent retail pharmacy and what NARD is doing about these issues on your behalf. What I'd like to do is highlight some of these areas, from our vantage point in Washington, D. C. I've spent many years in that city and I'm always amazed at the tolerance our citizens have shown toward the losing attitude that seems to find its way into our government.

Jack Anderson recently told a Washington audience that it was unfortunate that President Reagan could only appoint 2,000 officials because all Presidents soon discover that their real problem is the 2,700,000 other faceless tyrant bureaucrats. He said it is like being in bed with octopus. They never oppose anything, they must study it to death.

It is not easy to tell whether Republican or Democratic Presidents suffer the most misery at the hands of the system that too often favors more bureaucrats, regulations and paperwork.

NARD will be particularly prominent in espousing the concerns of small business this year. It is my pleasure to serve as Chairman of the Small Business Legislative Council. NARD is a Charter Member of SBLC, and that organization is now made up of 87 member associations representing over 4 million small businesses. Already we have testified before important committees of the Congress.

I've had the opportunity to talk directly to Congress about our concerns—Freedom-of-choice purchasing in pharmacy programs run by the Veterans Administration and federally-funded HMO's . . . Collective negotiations by pharmacists with third-party program administrators on fair reimbursements and a realistic dispensing charge . . . and better business environments for our members through more favorable tax treatment.

Using the Small Business Administration rule of thumb that 97 percent of all business is "small" under its definitions, there would be over 15 million small businesses.

I wish I could report to you tonight that the new Reagan Administration is leaning more favorable toward small business. But I think the jury is still out on that one. We are confident that the regulators are going to be reined in and watched more carefully when they try to issue destructive regulations. Budget cutting is overdue, and this Administration will succeed in this area. But we also see in this frenzy of budget cutting that is currently going on signs that small business may not come out as well as big business.

I have in mind the Federal Trade Commission. Some budget cutters would like to dismantel antitrust enforcement at the FTC and transfer it to the Justice Department. Justice has the habit of not answering its telephone, even when the White House is calling. All future pharmacy-related problems, such as price differentials of some manufacturers, would be lost in the halls of Justice.

I don't hold any great persuasion that the FTC is a monumentally useful agency to

pharmacy. I do believe, however, that it serves our purpose as far as enforcement of the Robinson-Patman Act is concerned. NARD and SBLC have made their views known to the proper parties, and it is encouraging to see that the FTC and its Bureau of Competition, our ally, may survive.

Independents have never been afraid of competition. We know that our survival as a unique provider of health-care service to our communities is threatened. We know we have to be better merchandisers, better promoters, better managers . . . if we are to survive in today's marketplace. We know that Congress and the federal government must take actions that create a favorable atmosphere for small business. We don't need a dole; we only ask for a fair chance.

That's why NARD provides the product mix it does for its members. We are in tune with the real world of pharmacy practice. We provide more continuing education, more merchandising information, more consumer-oriented materials, more management-related programs at our Annual Convention and regional meetings than any other pharmacy association. We provide more of everything you need to survive. And survival is what independents are about. These imaginative, positive programs offer the assistance that helps you succeed. Contrast the NARD stance with spokesmen for other associations who preach gloom and doom and urge you to try and make it on your own without any helpful assistance for succeeding in changing times.

Such a negative policy reminds us of the characters in Alice in Wonderland who concluded that it doesn't matter which road you take if you don't know where you are going.

If you're not a member of NARD, I can only encourage you to join our ranks—independent retail pharmacy has never needed strength in numbers as it needs them now.

NARD does not believe that grand plans plus telling you to dream your way into success is the way to go. This is a tough world. The independents who survive, like America, have learned the hard way that information, leadership, better skills, training, preparation and bullet biting will get you down the road faster. And more important, these factors will gain you respect. You, like this country, will be a more formidable opponent and a more successful competitor. America knows that if we are armed with only a dream and an unexecuted grand plan, we can in fact become irrelevant.

Now let's look at some of the health-care issues facing us this year. Again, I'll highlight these. You've read extensive coverage of some of them in the NARD Journal and NEWSLETTER. But I thought it important to highlight a few.

I think we can all breathe a sigh of relief at not having a ton of paper delivered to our pharmacy door and dispensed as patient package inserts. PPI's are a perfect example of what the loser bureaucrats can cook up to saddle small business with.

Of course, patients, our customers, have the right to be properly informed about the medications they are taking. That's one of the things we are in business for. Many chain drugstores may be too busy to talk to their customers, but independents have built their business around being responsive to such needs. Why should we all be saddled with an onerous concept that has no practical purpose . . . except that it gives government something to do.

NARD made its point to President Reagan, and our Jesse Pike received a personal response from the President. As you know, President Reagan's Executive Order brought PPI's to a halt until the cost-benefits of the program are fully studied and evaluated.

We have asked all appropriate Congressional committees to review FDA's programs to make sure money is not being wasted on unwarranted, inflationary proposals, like PPI's.

I wish I could tell you PPI's will not come back to life. Unfortunately, we may be in the courts, before Congress, and the regulatory agencies on this issue for months and years ahead.

Third-party still ranks as one of our top survival issues. NARD wants to see the handcuffs taken off of pharmacist while they try to resolve this issue. Our third-party bill was revently introduced in the House, by New York Representatives Addabbo and Fish. H.R. 1571 provides limited exemption to the antitrust laws, allowing pharmacists to negotiate collectively with program administrators for fair dealings and equity where prescription drugs

(Continued on Page 7)

Kay Morgan got her pharmacy degree at the University of Missouri in 1975. After graduation, she joined the Abbott Pharmaceutical Products Division and is now Assistant to the Vice President of Scientific Affairs.

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VIEW FROM WASHINGTON

are dispensed under public and private third-party programs.

I also don't think crisis is too strong a word to use here in referring to Medicaid programs. We are seeing storm clouds on the horizon regarding the entire Medicaid program. The government wants out . . . or at least reduced participation, with states picking up more of the financial tab. The optional Medicaid drug program could be dismantled for lack of funds at the state level.

And you all know who would be hurt most by that event. The manufacturers do far better than the independent because there is no Medicaid control on what a manufacturer may charge if it is a drug manufactured by only one company. It's the independent who continues to take it on the chin with the obnoxious concept of the fixed dispensing fee. High inflation, double digit costs, and the albatross around our necks—the fixed fee—are going to sink our professional ship . . . unless we obtain marketplace pricing for our services. A reasonable charge for dispensing prescriptions, reflecting current operating costs and overhead, plus reasonable profit and return on investment.

Fixed fees set by third parties, and which have no relation to service or operating expenses, have caused a self-inflicted wound from which pharmacy will not recover . . . until they are eliminated. NARD opposed this concept when it was first proposed by other associations. We have never changed our minds. Even though 15 years too late, some of the original proponents now recognize their folly at your expense.

As our automobile manufacturers have found out, you can't stay in business by losing money. If you are losing money on Medicaid and other third-party prescriptions and services you provide, upping your volume will only help you go broke more quickly.

These problems I just mentioned show again that the loser bureaucrats wield a club against small business. And complacent pharmacy organizations, who call for professionalism not profits, are equally culpable in weakening the underpinnings of our profession. Remember . . . government never did anything for you that it didn't do to you first!

There are some informed State Medicaid officials who know that abolishing the drug programs will not save money. On the contrary, Medicaid expenses will skyrocket in hospital, physician and nursing home cost.

Fortunately, I see in this room an enormous opportunity to do something about these conditions. As you know, NARD has been a registered lobbyist before Congress, probably longer than any other pharmacy association. It is the only pharmacy association that is currently registered as a lobbyist to represent only the independent retail pharmacists of this nation.

But we can't do our work alone. We need your support. Jesse will be speaking on Tuesday more about your political involvement. But I would like to note tonight that within a week retail pharmacists across the Nation will be in Washington to bring their concerns to the attention of government. NARD is holding its 13th Annual Conference on National Legislation and Government Affairs. President Pike will open the Conference. Nationally prominent speakers will discuss problems of government and the economy. A workshop will highlight problems common to independents and will set legislative priorities for the Conference. Independent pharmacy leaders will then meet on the Hill with their respective Congressional delegations, bringing these concerns to their direct attention.

It is the kind of useful forum we provide—bringing together concerned citizens and businessmen, and the powers in our government. I can tell you that much greater appreciation of what your problems are in the real world. Getting them to translate those problems into compatible rulemaking is why NARD is based in Washington.

Throughout the profession this NARD Conference is recognized as the most effective annual pharmacy impact on the Nation's Capital.

Another of the concerns we have brought to Congress' attention is the NARD Pharmacy Crime bill. Just a few short weeks ago, we had a stunning reminder of the tragedy that almost befell this Nation. The President of the United States was the target of an assassin's bullet, and we are grateful he is on the road to a speedy recovery. Unfortunately, others in his party were not so lucky.

When the President gets shot, of course

(Continued on Page 9)

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Pilot Life

that's a major story in our mass media. But there are countless stories being written across this country which don't get as wide a circulation. Our Nation's pharmacies are a shooting gallery for gun-wielding thugs. These criminals come prepared with a shopping list for their drugs of choice and have no compunction about using their weapon of choice. It, too, is a national tragedy, and NARD has been campaigning for 12 long years to get effective legislation to deal with this problem.

I think the DEA is finally beginning to appreciate the magnitude of the problem, and we may get support from them on our bill. We want to make drug-related armed robberies a felony under federal law with mandatory sentences and stiff fines. Your support in this effort is essential. This year we have been joined in our efforts seeking this legislation by the chains, hospitals pharmacists, and many publications and leaders.

I began this talk by drawing a clear picture of the losers—the bureaucrats—in this country.

Now I want to take a moment to salute the winners—those of you in this audience.

You wear many hats as small businessmen and as professionals. You must be clinical experts because you are the most important link in the health-care chain. As pharmacy owners, you must be employers, taxpayers, administrators, psychologists, community leaders, public relations experts, expert buyers and merchandisers, advertising executives, and often financial wizards.

You don't work 9 to 5, and most of you wouldn't know a 35- hour week if you saw one. For many of you, even Sunday is not your day of rest. And after hours emergency prescription service is often as much a part of your way of life as 12 or 14-hour days.

But you enjoy the hard work because that is your profession, the profession of independent community pharmacy. Independents take pride in serving their communities, offering those personalized services that set you apart from corporate chains and mass merchandisers.

You face unprecedented challenges today, both from government and from oppressive economic forces. And yet, you survive as independents because of these unique qualities I mentioned.

I'm proud to serve you as Executive Vice President of the National Association of Retail Druggists. NARD, with your support, has made tremendous progress in the past. Together, the future is ours.

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Left to Right: William H. Randall, Jr. receives the Don Blanton Award for service to pharmacy from Charles D. Blanton, Jr., who presents the award annually in memory of his father. (Photo by Colorcraft)

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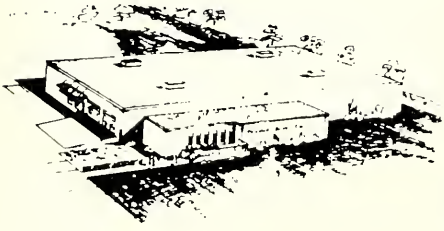

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To designate June 30, 1981, as "National Drug Standards Day."

Whereas the United States Pharmacopoeia and the National Formulary, published by the United States Pharmacopoeial Convention, Incorporated, were recognized as containing "official" standards for drugs by the Federal Food and Drug Act of 1906;

Whereas the United States Pharmacopoeial Convention, Incorporated, a nonprofit organization of physicians, pharmacists, and members of other health professions, associations, and governmental agencies, does its primary work of revising and publishing standards for drugs and drug information with the volunteer assistance of hundreds of physicians, pharmacists, and other health professionals;

Whereas such volunteers have freely given of their expertise, knowledge, and time since January 1, 1820, to assure that drug standards and drug information available to the people of the United States are the best possible;

Whereas the Pharmacopoeial Convention, Incorporated, is an outstanding example of what can be accomplished by groups with special interests and expertise to contribute to the health and welfare of our citizens;

Whereas the United States Pharmacopoeia and the National Formulary have been valued sources of drug standards and drug information for the drug industry, the Food and Drug Administration, and nearly all governments of the free world, especially since 1906; and

Whereas June 30, 1981, will mark the seventy-fifth anniversary of the enactment of the Federal Food and Drug Act of 1906: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That June 30, 1981, is designated as "National Drug Standards Day" and the President of the United States is authorized and requested to issue a proclamation calling upon Federal, State, and local government agencies, interested groups and organizations, and the people of the United States to observe that day by engaging in appropriate ceremonies, activities, and programs, thereby showing their support of the United States Pharmacopoeia and the National Formulary and thanking the hundreds of volunteers who have contributed to the high drug standards of the United States.

Julian E. Upchurch, Jr., second from left recipient of the Suntex Practitioner/Instructor of the Year Award, is congratulated by Ron Gilstrap, Syntex Representative, Dean Tom S. Miya, and Bob Smith, UNC School of Pharmacy. Photo by Colorcraft.

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GRADUATION ADDRESS—UNC SCHOOL OF PHARMACY

presented by
NCPhA President, J. Marshall Sasser
Sunday, May 17, 1981

Dean Miya, Members of the Faculty, Honored Graduates, Ladies and Gentlemen:

In being apprehensive about speaking to you today, I am reminded of the pertinent admonition:

> Just think before you take the floor, the Whale, without a doubt, would never feel the harpoon's steel, if he didn't come up to spout!

I believe I was to tell you graduates what to expect out there in the real world, the changing, challenging world of Pharmacy. Most of you have from 17 to 22 years of schooling, obviously several of these after you made up your mind to be a Pharmacist. If you don't know what to expect then I am afraid ten minutes will hardly do the job. I believe you already know the vital role you will play in the important health care team, the day to day life or death decisions you may be called upon to make. However, I would like to remind you that despite the fact that you are much smarter than I was, you have worked much harder and learned a great deal more, you have spent more time and more money here at the University, you will still graduate with the same B.S. degree that I received nearly thirty years ago.

So what about the future? What are the implications and expectations for your advancement, especially in a world of changing degrees, titles, and designations for pharmacists? Are we to be the glorified Pharmacy Technicians of the Future?, Ph.G., B.S., M.S., Pharm.D., Ph.D., R.Ph., Ph.T., P.D., maybe just Pharmacist?

A man was driving down a country road and was surprised to see a farmer plowing his field with a bull dragging the plow. He stopped his car and walked over to the fence where the farmer had paused to rest for a spell.

"You know," the stranger said, "I'm not trying to tell you how to run your farm, but you sure could get a lot more done in a lot shorter time if you had a tractor.

The farmer chewed on a straw for a log moment and then said, "I got a tractor. Just don't want to use it."

"Why not?" the stranger asked.

"Well, mister," the farmer drawled, "I just wanted this bull to find out that life ain't all romance."

I know we paint a beautiful picture of service to our profession and to all mankind! That this should be foremost in our minds and everything else should be secondary. And it is true we must be vigilant to continually upgrade our professional abilities and always attract the best students available to our school of Pharmacy, but how can we maintain the public trust and protect their interests if we cannot offer to our graduates a *rewarding* future in Pharmacy?

Honor and Service will not necessarily buy all the things that you wish for your family, protect your future or send *your* children to college. Only the assurance of regular promotions and continued opportunities can make your dreams come true. And unfortunately, recent statistics show the Pharmacy profession losing ground in salary advances, despite a rather spectacular start by newly licensed pharmacists.

I say only by joining with all other pharmacists, our educators, independent pharmacy owners, employee pharmacists, chain, institutional, consultant pharmacists and especially Women in Pharmacy, can we improve the prospects for your future. With our National Pharmacy Organizations sometimes together, but more often fragmented or divided, or even working against each other, and with the new national administration dedicated to cost cutting and returning responsibility for health care delivery back to the states, never before has it been more important that we cooperate in order to have a more powerful influence upon our future, protect the integrity of Pharmacy, and thus protect the public.

In Washington today, we are hearing doom and gloom for Pharmacy, Medicaid Cuts or caps, block grants to the states with little or no regulation or requirements, Forced bulk buying or competitive bidding or even a very risky capitation method for reimbursement for pharmaceutical services.

Speaking of Government Involvement with pharmacy reminds me of the kind of help we usually expect from the government.

The Chicken Farmer was losing a lot of his flock and hoping to solve his problem he wrote the Dept. of Agriculture.

"Gentlemen, something is seriously wrong with my chickens. Every morning when I get up I find three or four of them lying on their backs. Their bodies are cold and stiff and their legs are straight up in the air. What's wrong with them?

Three months later he got a reply from Washington, "Dear Sir: it read. "After due deliberation and consultation, with our experts we have come to the conclusion that your chickens are dead."

Back to Pharmacy

There is no other organization any place in North Carolina ready to meet the challenge except the North Carolina Pharmaceutical Association. Don't you think you should be a part of this future?

Frankly I am not very happy about the Pharmaceutical Association. It does not represent the new pharmacist like you. It does not represent the chain or many independent employee pharmacists, and it does not represent the Women in Pharmacy, not like we would wish it to do.

We can only represent those that pay their dues, those that respond to our request for suggestions and those that participate in our activities. We need the dues and participation of Women in Pharmacy. We need the dues and participation of the employee pharmacists and we especially need the dues, but much greater the participation of you, our newest pharmacists!!!

If you do not think it important for each of you to participate in the advancement of your profession, just listen to this little tale: Several years ago the shrimp boats that were fishing off the coasts of St. Augustine, Fla. moved to another location. Suddenly the beaches were covered with the bodies of hundreds of dead seagulls. The residents were puzzled and set out to solve the mystery. The solution came as a subtle warning. For years the gulls had been feeding on the unwanted shrimp that were thrown overboard by the fishing vessels each evening. In fact they had become so dependent on this source of food, that they had forgotten how to fish for themselves. They traded in their personal initiative for the promise of someone else carrying them through life. The end result was disaster. Do we have Pharmacists like the gulls?

I forget who made the statement about hanging together instead of separately, but I think it applies more than ever to our profession of pharmacy. With our future more than ever tied to the political process in North Carolina, we must get involved with our communities, with our State Legislators, and especially with our Pharmaceutical Association.

Suppose you had a bank that deposited $86,400 dollars to your account every morning on the condition that you could not carry over any of it to the next day; THAT any amount you failed to use would be cancelled out every evening. What would you do? Obviously, use every bit of it every day.

Every day you are credited with 86,400 seconds, none of it can be carried over. What you fail to invest and use you lose. Each day a new account is opened and each evening the records of the day are burned. All you have is the present "NOW" to invest wisely.

Some people are predicting the most troubled time in History for Pharmacy. I say you can make it what you will, TROUBLE or one of the most satisfying experiences that you can imagine.

May I tell you about what you can expect????

It's easy to sit in the sunshine
And talk to the man in the shade,
It's easy to sit in a well-made boat
And tell others just where to wade.
It's easy to tell the toiler
How best to carry his pack.
But you'll never know the weight of the load
Until the pack is on your back.

I thank you very much and good luck to each one of you.

Perspectives in Pharmacy

Capitation*—Reimbursement for Pharmacy Services

Presented in the interest of better-informed pharmacy.

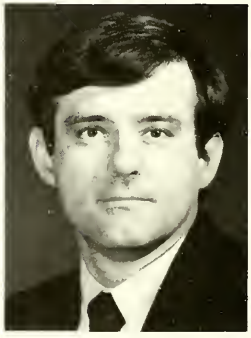
*Capitation is a system of payment by which a provider receives a fixed amount for services rendered each person for a given time period, usually a month.

Jean Paul Gagnon, R.Ph., Ph.D.
Professor,
Pharmacy Administration
School of Pharmacy
University of North Carolina at Chapel Hill.

"Capitation is not new to pharmacy. As early as 1969, this system of payment was being discussed as a reimbursement method for pharmacy services.

"There are theoretical advantages to pharmacists being paid a fixed monthly rate per patient:

- service and administrative costs could be lowered;



Jean Paul Gagnon, R.Ph., Ph.D.

- pharmacists would be able to consider patient needs first;
- pharmacists could keep abreast of current drug therapies and technology;
- greater continuity of patient care could be provided;
- utilization of high-cost services could be lower;
- more extensive preventive health efforts could be made;
- and more favorable health outcomes might result.

"On the other hand, capitation may stimulate providers to:

- devote fewer hours to patient care;
- refer patients to other facilities more readily;
- be more inflexible and less responsive in dealing with patients;
- screen potential enrollees for health status;
- place profit before services;
- and delay or prolong services.

"There is little documentation to support either the advantages or the disadvantages of capitation to the pharmacy profession. Because its use so far has been limited, capitation needs additional evaluation before a decision concerning its utilization can be made.

"In the long run, after pharmacists have realized 'windfall profits' through implementation of such cost-saving strategies as generic substitution and use of OTC drugs, capitation may be attended by the same problems as the fixed-fee method. It is likely that, in times of tight money, legislators and program administrators would exhibit the same attitudes about capitation as they currently do toward fixed professional fees—they will be tempted to minimize costs by not raising the capitation rate. In fact, because of 'windfall profits' that will be generated in the early years of the capitation

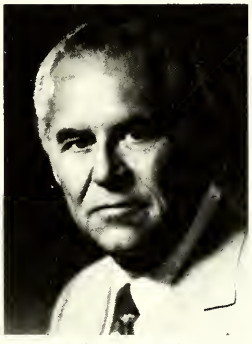
approach, state legislators will probably tend to reduce the rate. At the very least, pharmacists will be asked by legislators to justify rate increases by conducting cost studies of their operations.

"There is as much controversy today about third-party reimbursement for pharmacy services as there was in 1968. Because of federal antitrust laws and the lack of consensus on the part of pharmacists, pharmacy organizations have been unable to convince program administrators of the value of their services and the advantages of competitively determined prices as opposed to a cost-plus approach. In the final analysis, the capitation approach may serve only to delay solution of the reimbursement problem."

Raymond A. Gosselin, R.Ph., Sc.D. President, Massachusetts College of Pharmacy and Allied Health Sciences

"Subjective appraisals of the capitation system are apt to be inconclusive in the short term, because, initially, there would seem to be some advantages, e.g., money up front, no claim forms, etc. But, at some point, pharmacists will have exhausted all opportunities to hold down costs by substituting less expensive drugs, eliminating refills, curtailing overuse, and switching patients to home remedies. Meanwhile, increasing amounts for rent, light, heat, taxes, and the like will have to be paid.

"Program administrators, faced with the need to eliminate the 'fat' from budgets and aware that pharmacists retain any amount left from the initial capitation fee that is not spent on program recipients, would inevitably cut successive annual funding.



Raymond A. Gosselin, R Ph , Sc.D

"The bottom line of any proposed capitation system would not be in savings realized by curtailing overuse or by switching patients from prescription drugs to over-the-counter ones but in using less expensive generic drugs. The capitation system, in effect, would be no more than a mechanism for forcing the use of the cheapest drugs available. Making a choice based on price as the sole criterion does not involve professional judgment. Under a capitation system, pharmacists would have to resort to the lowest-priced drugs in order to remain in business.

"As long as pharmacy remains a predominantly private enterprise in this country, and there is little to indicate otherwise, incentives for providing new and better services—including patient consultation and monitoring—need to be positive rather than negative. New activities for pharmacists must be justified in terms of building clientele, increasing volume and business, and earning a reasonable profit.

"Pharmacists can play a major cost-saving role in health care by helping people get well and stay well by means of the proper application of efficacious drug therapy. Billions can be saved in physicians' fees, hospitalization costs, diagnostic tests, and the like by aggressive and positive application of pharmacists' skills. Such expertise is valuable, and pharmacists should be paid for their contribution. The cost of such services is indeed small in relation to the genuine savings in total health care that can be realized."

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The views expressed are the authors' and not necessarily those of Eli Lilly and Company.

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LOCAL NEWS

KINSTON

The Lenoir-Greene-Jones Pharmaceutical Society held its monthly meeting with Mr. Marshall Sasser, President of the North Carolina Pharmaceutical Association as the speaker. Thirty one people heard Marshall tell of his plans and goals for the NCPhA during his term. Officers for the upcoming year were:

President—Rob Bizzell
Vice President—Ralph Hunter
Program Chairman—Dick McKinley
Treasurer—Patsy Seymour

CAPE FEAR PHARMACEUTICAL AUXILIARY

The Cape Fear Pharmaceutical Auxiliary met at Highland Country Club, Fayetteville, NC in April. They had as their guest, Mrs. Shelton B. Boyd, Mt. Olive, president of the Woman's Auxiliary, NCPhA. She presented a very interesting program on "Child Abuse." Following the program, a very delicious lunch was enjoyed by the group. Mrs. Boyd was remembered with a gift of crystal.

Mrs. Maxine West
Secretary

WILLIAMSTON

The April meeting of the Northeastern Carolina Pharmaceutical Society was held April 15 at the Holiday Inn. About forty members and guests were present to hear Dean Tom S. Miya. Dean Miya brought the audience up to date on the School of Pharmacy programs and activities, such as the Pharmacy Practice Act, Pharm. D.Program and PD.

The June meeting featured Dr. Jean Paul Gagnon who presented facts on pharmacy services. The members voted to send four hundred dollars to the North Carolina Pharmaceutical Research Foundation in memory of four deceased members of the Society; Nyle Womble, Prentiss O'Neal, Bill Gurley and Torsey Welch.

Reported by
James B. Bryant
Sec.-Treas.

ALAMANCE COUNTY PHARMACEUTICAL ASSOCIATION

The Alamance County Pharmaceutical Association met Wednesday, May 27 at the Alamance Country Club. Nancy Gardner, president, introduced the speaker, Mr. Cal Crutchfield, who is the Director of the Drug and Alcohol Service in Alamance County.

The Drug and Alcohol Service deals with people who abuse different substances and focuses on treatment and prevention of abuse. The service identifies characteristics of the dependent person and works to modify these characteristics. This process involves:

1. Strengthening the person's identification with a viable role model.
2. Strengthening the person's identification with and responsibility for the family process.
3. Developing intrapersonal skills that enable the person to understand himself.
4. Developing faith in problem-solving methods other than miracle cures such as those sought through drug use.
5. Developing interpersonal skills by opening the channels of feedback.
6. Developing systemic skills and the ability to adapt.
7. Developing judgmental skills.

Through counseling, the service works to identify the person's problems, explore options for dealing with problems, and integrate these options into his life. The service encourages the development of healthy habits and works to develop a successful model after which the person may model himself.

Mr. Crutchfield identified the pharmacist's role as recognizing that a person might have characteristics that could lead him to develop dependencies. The pharmacist also should educate persons regarding effects that might be produced from combinations of different drugs.

The meeting was adjourned after a question-and-answer session.

Diane Fink, Secretary

PHARMACEUTICAL ASSOCIATES

by E. A. Brecht

Pharmaceutical Associates is the youngest in Mother Association's (NCPhA) large family of thriving children. This family includes the N. C. Board of Pharmacy, the UNC School of Pharmacy, the Institute of Pharmacy, two Auxiliaries, the Pharmaceutical Research Foundation and a large number of Student Loan Funds.

Pharmaceutical Associates is an investment club which was organized in 1955 to "learn about stocks and make a profit . . .," and currently has openings for new partners. It started when Dr. Willard Graham, internationally known accounting teacher, came from the University of Chicago to organize the Executive Program at the University of North Carolina. He and his immediate neighbor, W. J. Smith, agreed that common stock in the pharmaceutical industry was good, pharmacists should know about them, and it would be timely to have a stock club for pharmacists like the stock club for bankers which Graham had enjoyed in Chicago.

The Articles of Partnership for Pharmaceutical Associates was a model adapted from Graham's Chicago Club. The limit of forty partners was immediately oversubscribed and raised to fifty, with not less than forty members required to be pharmacist members of the NCPhA. The remaining partners were required to have an interest in the profession of Pharmacy, such as the accountant for the NCPhA, spouses of pharmacist members, and wholesale druggists. The original entrance fee was one hundred dollars and the monthly charge was twenty-five dollars. All shares were equal then as they are today. Today's cost is fifty dollars monthly (to be paid quarterly) plus the book value of the portfolio—a bargain since broker's fees are absorbed.

Dividends and income from sales are reinvested; therefore a share in Pharmaceutical Associates is a savings account that can be collected at any quarterly meeting, which are usually held on the fourth Wednesday in January, April, July and October.

Pharmaceutical Associates succeeded to the extent that there have been three spinoffs to reduce book value per share to be more appealing to potential new partners. In 1966 and 1972 the spinoffs were packages of stock to delay capital gains. In 1977 capital gains were not a problem and each partner received a cash payment of $3,550.00.

The stock club has had an interesting and unusually long history. Investment interest has turned from pharmaceutical companies to third tier companies, by necessity. Today, interest in pharmaceutical companies is making a comeback. Currently, there are twenty-two stocks in the present portfolio. In the two weeks prior to May 29 when this report was written, the following seven stocks gained 9% or more: Graphi Scanning, Intermedics, Inc., Merck & Co., Merrill Lynch, United Air Lines, U. S. Surgical and Wand Labs. This list did not include two of the best longtime gainers—Control Data Corp., and Hospital Corporation of America.

Some partners enjoy the fellowship and steak dinners at the quarterly meetings most of all; others enjoy the appreciation of their assets and never attend the meetings, but are regular in their quarterly investments. Current information can always be obtained from A. H. Mebane, III, Secretary of Pharmaceutical Associates, P. O. Box 151, Chapel Hill 27514. Inquiries are welcome.

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RESOLUTIONS

(Adopted by the North Carolina Pharmaceutical Association in convention asembled, April 28, 1981 Charlotte, North Carolina)

RESOLUTIONS COMMITTEE

Kathy Edwards, Chairman, 5211 Coronado Drive, Raleigh, NC 27609
Bill Wilson, 200 Fairview Road, Raleigh, NC 27608
Ares Artemus, Pharmaceutical Center #2, Inc., 3535 Randolph Road, Charlotte, NC 28211
Truman Hudson, 637 Downey Place, Gastonia, NC 28052
Walter Saunders, 2910 Colony Road, Charlotte, NC 28211
Consultant: Eugene Hackney, PO Box 1085, Lumberton, NC 28358

RESOLUTION

SUBJECT: Gratitude to Patrice Solberg

WHEREAS, Patrice Solberg, served diligently as a faculty member of the Institute of Government who served as legal consultant to the Committee to revise the Pharmacy Practice Act,

BE IT RESOLVED, that the NCPhA express its gratitude for her exemplary efforts on the behalf of the Pharmaceutical profession, and

BE IT FURTHER RESOLVED, that the Association through its Executive Director, convey this resolution to her.

RESOLUTION

SUBJECT: Look-a-like Stimulant Drugs and DMSO

WHEREAS, look-a-like stimulant capsules and tablets are being distributed through the mail in our state, and

WHEREAS, DMSO, a solvent, is being sold and subsequently used for unapproved medicinal purposes,

BE IT RESOLVED, that the NCPhA contact the North Carolina Food and Drug Administration official to express our professional concern.

RESOLUTION

SUBJECT: Appreciation to the Convention Chairpersons

BE IT RESOLVED, that the NCPhA express its gratitude to Mr. C. Thomas Dagenhart and Mrs. Georgia Lewis for their work as Convention Chairpersons, and to the pharmacists and auxiliary of Charlotte who have hosted the 1981 Convention.

RESOLUTION

WHEREAS, Pharmacists in North Carolina are licensed and not registered, and the current designation R.Ph. is a misnomer; and

WHEREAS, A uniform designation for all pharmacists is necessary for natural professional evolution; and

WHEREAS, There is significant historical precedent for the use of P.D. to designate a person as a pharmacist;

THEREFORE BE IT RESOLVED: That the matter of P.D. designation for pharmacist be referred to the Executive Committee of the North Carolina Pharmaceutical Association, and the new President form an ad hoc committee to study this.

RESOLUTION

SUBJECT: Medicaid Fees

WHEREAS, the pharmacy Medicaid Fee has been inequitable since the Mid 1970's, and

WHEREAS, in the state financed study in the spring of 1978 the cost of filling a prescription was found to be $2.71 per prescription and $2.98 per prescription per month, and

WHEREAS, the pharmacy Medicaid Fee has only increased from $1.75 per prescription per refill at its inception in 1970 to $2.80 per prescription per month in 1981, and

WHEREAS, the state Medicaid Budget has increased by 500% from 1970 to 1981 and

the pharmacy fee has increased by 40% over the same period of time,

BE IT THEREFORE RESOLVED, that the N. C. Legislature be asked that a minimum fee of $3.50 should be established, and

BE IT FURTHER RESOLVED, that once an equitable fee is established, the fee be adjusted annually based on a cost of living index, to be no less than the increase in state employee salaries.

BE IT FURTHER RESOLVED, that the NCPhA pursue these goals through organized action of the Legislative Committee and the Association's membership.

PHARMACEUTICAL INDUSTRY INTERNSHIPS . . . A LEARNING EXPERIENCE

Eighty-nine competitively selected pharmacy students from forty-five colleges of pharmacy will spend up to 12 weeks during the summer as interns with research-oriented pharmaceutical companies.

Twenty-two NPC companies are sponsoring pharmacy students in a structured program that rotates the student through various divisions and departments with work-training assignments in each area. The interns are responsible for special assignments related to products and policies. Company executives, who are registered pharmacists, serve as preceptors and training supervisors. Specific assignments are tailored to the needs and interests of the interns.

This program, coordinated by the National Pharmaceutical Council and the Student American Pharmaceutical Association, is a "hands-on" learning experience which adds to the pharmacist's overall knowledge of the industrial aspects of pharmacy. Students learn about the research, skills and techniques involved in producing the quality drug products they will be concerned with throughout their professional careers.

Boards of Pharmacy in most states allow credit for the program in partial fulfillment of their internship requirements. Other boards evaluate each company's program on an individual basis and grant credit if approved by the Board.

656 Pharmacy students have participated in the summer internship program since it was initiated by NPC in 1973.

NPC member companies participating in the 1981 summer internship program include: Abbott Laboratories, Burroughs Wellcome Co., Ciba Pharmaceutical Co., Geigy Pharmaceuticals, Hoechst-Roussel Pharmaceuticals Inc., Lederle Pharmaceuticals, Eli Lilly and Company, Marion Laboratories, Inc., McNeil Pharmaceutical, Merck Sharp & Dohme, Merrell Dow Pharmaceuticals Inc., Ortho Pharmaceutical Corporation, Parke-Davis, Pfizer Pharmaceuticals, A. H. Robins Company, Inc., Roche Laboratories, Sandoz Pharmaceuticals, Schering Corporation, Smith Kline & French Laboratories, E. R. Squibb & Sons, Inc., Syntex Laboratories, Inc., The Upjohn Company.

Announcements, application forms and instructions for applying for the 1982 summer program will be available in all 72 U. S. Colleges of Pharmacy in November.

Jack G. Watts, Immediate Past President, NCPhA, is shown presenting certificate of membership in the NCPhA Academy of Pharmacy, to John O. Brown. Photo by Colorcraft.

SPEED

ORDER SYSTEM

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DEAN'S MESSAGE

CENTENNIAL: PROGRESS THROUGH EDUCATION

As we launch on our second 100 years of Pharmacy Education at the University of North Carolina at Chapel Hill, it is a convenient time for reflection, and it is a time of great excitement . . . not so much for the physical changes taking place in this building, but for the realization that we are maturing as an institution of higher learning.

Any academic enterprise is a shared enterprise. We share with all units of this University at Chapel Hill and, in particular, the units of the Division of Health Affairs. We share also with our non-academic colleagues wherever they practice. Our Area Health Education Center Program is an excellent example of maturation of our academic enterprise.

Another indication that we are maturing is that we are beginning to feel that every student who passes through our doors receives the type of education which will make him/her a co-creator of a greater pharmacy profession.

In keeping with the scheme of our recent Celebration—Progress through Education—I pledge to you the School's continuing efforts toward an ever better tomorrow for our profession.

SPECIAL CENTENNIAL ISSUE

May 22-24 was a weekend to remember—the 100th birthday celebration of the Centennial of Pharmaceutical Education on the UNC-CH campus. You really missed something if you didn't attend!

The three-day event began Friday evening with a reception for the opening at the Morehead Building of the famed History of Pharmacy paintings of the late Robert Thom. The Parke-Davis Company has graciously brought them to Chapel Hill for a three-month tour ending August 26, 1981.

An alumni reunion 'pig-pickin' followed.

Saturday, a series of professional discussions were led by noted pharmacy educators:

1. "In the Beginning . . . Pharmacy Education"
   Ben F. Cooper, Dean, School of Pharmacy, Auburn University
2. "Innovations in Pharmacy Education, AHEC"
   Eugene S. Mayer, Associate Dean, School of Medicine, University of North Carolina at Chapel Hill
3. "Pharmacy Practice in the 21st Century"
   William J. Kinnard, Dean, School of Pharmacy, University of Maryland
4. "Preparation of a Pharmacist for 21st Century Pharmacy Practice"
   Christopher A. Rodowskas, Executive Director, American Association of Colleges of Pharmacy

Evening included dining and dancing at the Carolina Inn.

Sunday morning kicked off the 2nd year of the School of Pharmacy Alumni Association with its election of officers:

Frank Lowder	President	Winston-Salem
Laura Burnham	Vice President	Winston-Salem
Mary Ann Kirkpatrick	Secretary-Treasurer	Richmond, VA

HISTORICAL SKETCH OF THE FIRST 100 YEARS

1880	First courses in pharmacy (Botany, Materia Medica, and Chemistry) were offered in the School of Medicine and Pharmacy.
1897-1931	Edward Vernon Howell served as Dean.
1897	School of Pharmacy, UNC-Chapel Hill was officially established and opened with 17 students enrolled. School housed on the ground floor of the New West Building.
1901	Medicine and Pharmacy were brought wholly within the University and Dean status for both "departments" was established. Steam heat was provided for the first time. Course in "prescription filling" was established.
1901-1922	Two academic years of University work and four years of experience were required for graduation.
1912	School moved to Person Hall (west of Davie poplar).
1914-1925	Three-year optional curricula were established with degrees in Ph.C. (pharmaceutical chemist) and P. D. (Doctor of Pharmacy).
1917	School was admitted into the American Association of Colleges of Pharmacy.
1925	P.D. and Ph.C. degrees were abandoned. School occupied Howell Hall. The two-year curriculum was expanded to a three-year Ph.G. (Graduate in Pharmacy) degree. A few four-year degrees of S.B. (Bachelor of Science) in Pharmacy were awarded in the School of Applied Sciences.
1931-1946	John Grover Beard served as Dean.
1932	One four-year undergraduate student leading to an S.B. in Pharmacy was established. The new curriculum corresponded with general degree requirements of the American Association of Colleges of Pharmacy.
1933	Graduate curricula leading to the degree of Master of Science (S.M.) were established for majors in pharmacy and pharmaceutical chemistry.
1946-1950	Marion Lee Jacobs served as Dean.
1946	The North Carolina Pharmaceutical Research Foundation was formed by the North Carolina Pharmaceutical Association. NCPRF was the first philanthropic foundation in the U. S. to support a specific school of pharmacy.
1947	Doctor of Philosophy (Ph.D.) was established for students with pharmaceutical majors.
1950-1965	Edward Armond Brecht served as Dean.
1959	Beard Hall was occupied.
1960	Five-year curriculum was instituted for the degree of Bachelor of Science in Pharmacy.
1965-1966	John Larsh, Jr. served as Acting Dean.
1966-1974	George P. Hager, Jr., served as Dean.
1966	Plan of Pharmacy Assistance was established to assist hospitals, nursing homes, and rest homes in implementing pharmacy services. Clinical Pharmacy component in curriculum was introduced.

1967	M.S. program in Hospital Pharmacy was created.
1972	Area Health Education Centers (AHEC) Program was initiated.
1974-1975	Seymour M. Blaug served as Dean.
1975-1977	Assistant Dean LeRoy D. Werley, Jr., served as Acting Dean.
1977	Tom S. Miya began term of office as Dean. M.S. Program in Pharmacy Administration was instituted.
1979	M.S. program in Industrial Pharmacy was established.
1981	Doctor of Pharmacy (Pharm.D.) with a strong patient-oriented curriculum was implemented for a limited enrollment.

CENTENNIAL PUBLICATION

Dr. John Crellin, who is Director of the Medical History Program at Duke University, has published *Pharmacy: Educating a Profession 1880-1980* in honor of the Centennial of Pharmaceutical Education at UNC-CH. Dr. Crellin is a British pharmacist and physician who also holds a Ph.D. in the History of Science. He was educated at the University of London and is a Past-President of the British Society of the History of Pharmacy.

Anyone desiring a complimentary copy of his publication can obtain one by writing:

PHARMACY 1880-1980
School of Pharmacy
Beard Hall 200H
Chapel Hill, NC 27514

Chain pharmacists within a one hour's drive of Chapel Hill needed to participate in a study about employee turnover (no travel required). Please contact: Linda Barton, Secretary of the Pharmacy Administration Department at UNC. 966-1121 Ext. 256.

POSITION OPEN
CLINICAL PHARMACIST

The School of Pharmacy, University of North Carolina at Chapel Hill is recruiting a qualified Clinical Pharmacist for an Area Health Education Center (AHEC) region. This individual will be responsible for the clinical pharmacy practice in ambulatory and/or acute care settings; coordinate undergraduate, graduate and professional student education and training, serve as a faculty practitioner/educator in the AHEC. Applicant should possess a Pharm. D. or Master's Degree with an approved residency; possess teaching ability, have a desire for academic involvement and a strong clinical orientation. Salary and rank are commensurate. Interested applicants should send a resume or curriculum vitae along with names of three references to:

Claude U. Paoloni, Associate Professor
Director—Pharmacy AHEC Program
204B Beard Hall 200H
UNC School of Pharmacy
Chapel Hill, NC 27514

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CAFFEINE

(The following information was extracted from the "Caffeine" Green Paper, published by the Institute of Nutrition of the UNC-CH, and prepared by Dean Werley and Dr. Jack Wier, UNC School of Pharmacy.)

The wide range of pharmacologic effects of caffeine on human subjects has been reviewed. Studies accomplished to date support the following conclusions in regard to caffeine effects on human reproduction:

1) There is no statistically significant difference in caffeine use between the mothers who give birth to malformed infants and those who produced normal infants.
2) There is no conclusive evidence of any relationship between caffeine consumption and teratological effects.
3) There is insufficient evidence to conclude that caffeine adversely affects the reproductive function in humans.

The possibility that caffeine may interfere with or retard a patient's recovery from illness is infrequently considered. Since the dietician may be dispensing pharmacologic doses, she should be aware of potential adverse effects on her patient (2). Though caffeine probably offers minimal danger as a mutagen or teratogen in humans, it does possess the ability to radically alter cell divisionary processes through inhibition of the phosphodiesterases responsible for the hydrolysis of cyclic AMP and cyclic GMP, thereby changing the hormone profile within maternal and fetal blood supplies (4).

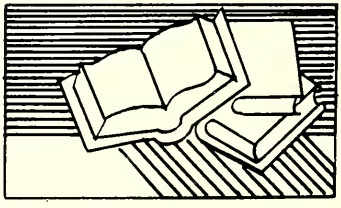
Because of the possible interactions of caffeine with other drugs, caffeine intake should be reduced during treatment of specific diseases, especially cardiovascular, psychological or renal. The use of analgesic combinations that contain caffeine is not advisable for patients with rheumatoid arthritis or other conditions that require large doses (10-30 tablets per day) of medication because in these amounts there is danger of caffeine toxicity (8).

In addition, there is no adequate basis at this time for concluding that caffeine poses any risk of inducing cancer in humans. The claim that we do not have sufficient knowledge about "carcinogens" is no excuse to employ less than scientific means to regulate them. Therefore, scientists continue to collect information so that critical evaluation of carcinogenicity data for a given chemical substance can reflect varying levels of risk of human exposure (21).

CONCLUSIONS

There are preliminary indications of significant differences between the metabolism of caffeine in humans and in experimental animals. Studies which have suggested some risk were not properly carried out and they provide little guidance. Human epidemiologic data are not of adequate quality to assess the risks of caffeine exposure (12). Based on information available on the metabolism of caffeine, no species studied to date appear to be an ideal model for human beings (15).

Until additional studies can be completed, involving the biologic effects of caffeine in human population groups, it would be prudent to maintain a degree of moderation. It has been suggested that approximately 400 mg of caffeine per day would be a good cut-off point for limiting caffeine consumption. This would mean limiting coffee intake to six cups per day. Perhaps those who are heavy coffee drinkers should change to decaffeinated coffee, fruit juices, low fat milk, soups or other fluids (20).



Two men had tremendous impact on pharmacy education in North Carolina. (left) E. V. Howell, 1897-1931, and (right) J. G. Beard, 1931-1946. Their deanships totalled nearly 50 years.

School of Pharmacy Alumni Association officers for 1981-82. Left to right: Mary Ann Kirkpatrick, Richmond, Secretary-Treasurer; Frank Lowder, Winston-Salem, President; Laura Burnham, Winston-Salem, Vice-President.

He knows the practice of pharmacy inside and out.

In fact, during the years since he graduated from pharmacy school in 1964, he has done everything but teach it.

Before joining Upjohn in 1973 as a sales representative, Vince worked as a pharmacist in a community drug store; in a small chain drug store; in a large chain drug store; and as assistant director of pharmacy at a large hospital.

This experience has given Vince a strong personal insight into the needs of other pharmacists. His background, training and continuing education all help Vince provide information and service to pharmacists in his area.

Vince is one of several hundred pharmacists at Upjohn who are proud of their role as members of the health care team—and their partnership with your side of the counter.

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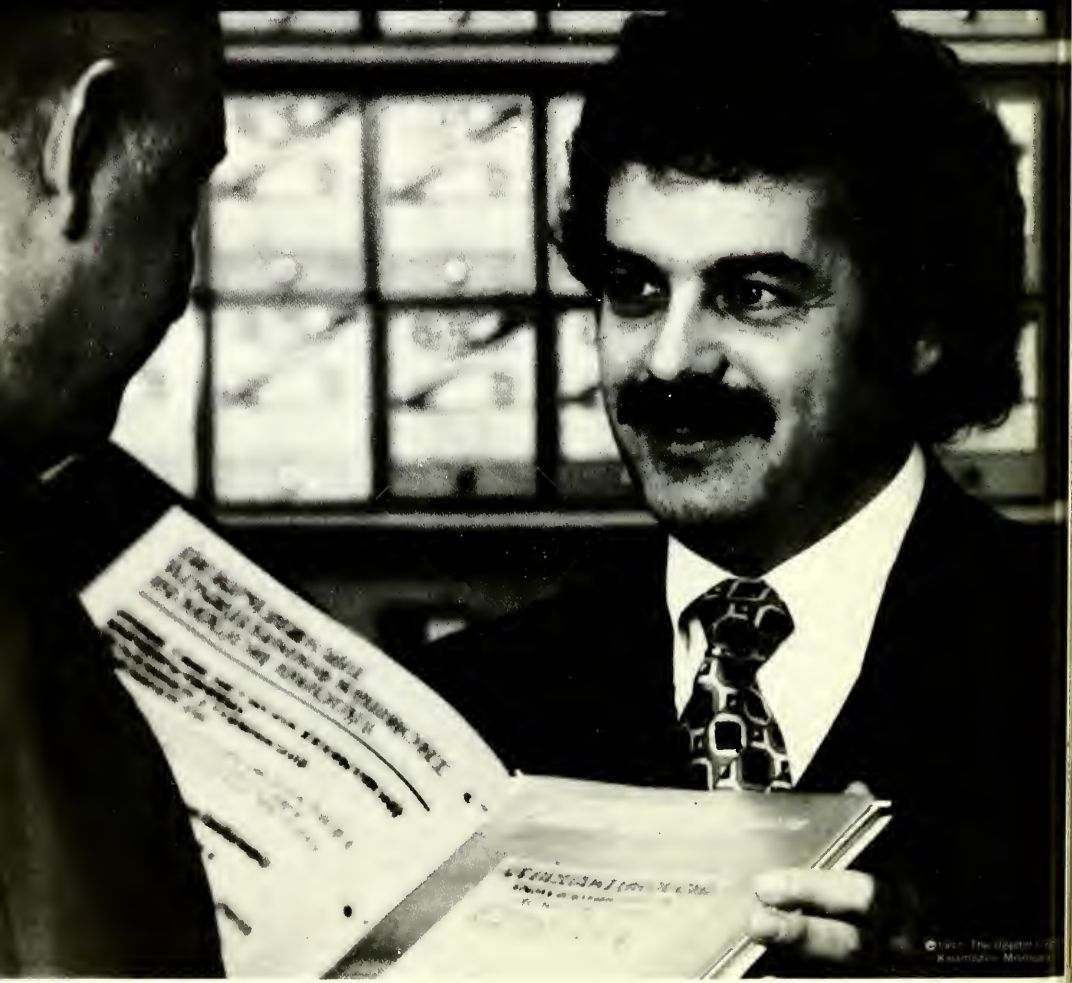
VINCE CANDELA IS A SOFT TOUCH FOR HARD INFORMATION.



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or 305-867-2234 (Sam)

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1980 Sales $140,000
Sale Price $13,500

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Felsol Powders—will take any amount.
Contact: Melvin Kendrick, Mayodan Pharmacy, 105 E. Main Street, Mayodan, NC 27027, (919) 548-9656.

RELIEF PHARMACIST WANTED

2 days a week. Contact Al Banner, The Medicine Shoppe, Statesville. (704) 873-2264.

PHARMACIST NEEDED

Nags Head. Independent. Salary negotiable. Contact Robert or Lucia Miller (919) 441-7228.

MEMORIAL MADE TO TMA FOUNDATION

A substantial contribution to the TMA Foundation has been made in memory of Edwin T. Blair by Mr. Reuben Russell, Charlotte.

CHIEF PHARMACIST WANTED

Duplin County Hospital is seeking a full-time pharmacist with experience in hospital pharmacy operations, including drug utilization, unit dose, patient profile, drug purchasing. Send resume with salary history to Richard Harrell, Administrator, Duplin General Hospital, P. O. Box 278, Kenansville, 28349.

RELIEF PHARMACIST

Relief Pharmacist available—Wilmington area (50 mile radius). 8 years experience in retail and discount chain and independent ... some hospital experience. Call (919) 762-2713 after 9:00 pm or contact NCPhA.

Paul M. Arena was named plant manager of the E. R. Squibb & Sons manufacturing facility in Kenly, N. C., the company has announced.

Arena has held a variety of positions with Squibb since joining the corporation in 1950 as a laboratory technician. He most recently served as quality control manager at the Kenly facility.

Arena received his B.S. degree in chemistry in 1948 from St. Johns University in Brooklyn, N.Y. He subsequently studied instrumental analysis and radiopharmaceutical theory at Rutgers University and statistics and marketing at New York University.

While at Squibb, Arena was responsible for establishing quality control laboratories at the corporation's manufacturing facilities in New Brunswick, Puerto Rico, and Kenly.

Arena lives in Wilson, N. C.

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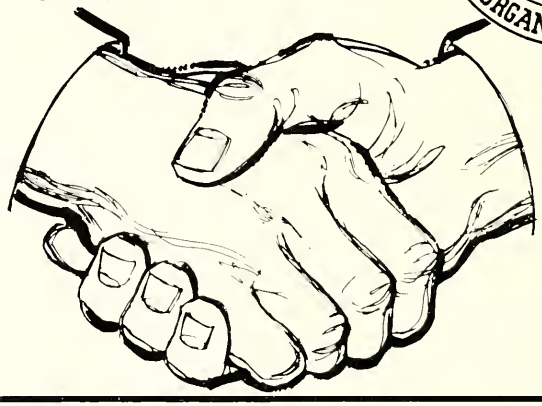

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L. FAISON PRICE JOINS A. H. ROBINS

L. Faison Price has joined A. H. Robins Company, Richmond-based pharmaceutical firm, as a consumer products specialist.

Price, who holds a Bachelor of Science degree from Virginia Commonwealth University, has been assigned to the company's Southern Region and will be working in the Greensboro, North Carolina area.

BIRTHS

Dr. and Mrs. Joe W. Burks (*Anne Marie Kelly—UNC '65),* Fayetteville, announce the birth of their son, David William, born March 15, 1981, weighing 8 pounds, 2 ounces. Dr. Burks practices veterinary medicine in Fayetteville.

MAGNOLIA

Julie Lane, pharmacist-manager of Faison Pharmacy, Faison, was one of five panelist in a forum featuring women in non-traditional careers, sponsored by the Duplin County Chapter of the American Association of University Women Tuesday night, April 28, 1981.

Other panelists included a Certified Public Accountant, a Minister, an Attorney and a Family Nurse Practitioner. Julie said she feels her age is more of a surprise to men than being a female manager. She entered pharmacy because of her interest in health careers and chemistry.

Pictured with their Fifty-Plus certificates, indicating 50 years as a pharmacist are B. R. Ward, Goldsboro, left, and C. McLane Brooks, Monroe, right, with Jack Watts, NCPhA President. Inducted into the Fifty-Plus Club but unable to attend the ceremonies were: William W. Carroll, Dunn; Oscar L. Umstead, Durham, James F. Carrigan, Salisbury, and Carl O. Winters, Jacksonville. Photo by Colorcraft.

DRUG PARAPHERNALIA ACT

Ratified June 4, 1981
Effective October 1, 1981

SENATE BILL 128

AN ACT TO PROHIBIT THE MANUFACTURE, DELIVERY, SALE, POSSESSION AND USE OF DRUG PARAPHERNALIA.

The General Assembly of North Carolina enacts:

Section 1. Chapter 90 of the General Statutes is amended by adding the following new Article 5B:

"ARTICLE 5B.
"Drug Paraphernalia.

"§ 90-113.15. *Title.*—This Article shall be known and may be cited as the 'North Carolina Drug Paraphernalia Act.'

"§ 90-113.16. *General provisions*—(a) As used in this Article, 'drug paraphernalia' means all equipment, products and materials of any kind that are used to facilitate, or intended or designed to facilitate, violations of the Controlled Substances Act, including planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, and concealing controlled substances and injecting, ingesting, inhaling, or otherwise introducing controlled substances into the human body. 'Drug paraphernalia' includes, but is not limited to, the following:

(1) kits for planting, propagating, cultivating, growing, or harvesting any species of plant which is a controlled substance or from which a controlled substance can be derived;
(2) kits for manufacturing, compounding, converting, producing, processing, or preparing controlled substances;
(3) isomerization devices for increasing the potency of any species of plant which is a controlled substance;
(4) testing equipment for identifying, or analyzing the strength, effectiveness, or purity of controlled substances;
(5) scales and balances for weighing or measuring controlled substances;
(6) diluents and adulterants, such as quinine, hydrochloride, mannitol, mannite, dextrose, and lactose for mixing with controlled substances;
(7) separation gins and sifters for removing twigs and seeds from, or otherwise cleaning or refining, marijuana;
(8) blenders, bowls, containers, spoons, and mixing devices for compounding controlled substances;
(9) capsules, balloons, envelopes and other containers for packaging small quantities of controlled substances;
(10) containers and other objects for storing or concealing controlled substances;
(11) hypodermic syringes, needles, and other objects for parenterally injecting controlled substances into the body;
(12) objects for ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the body, such as:
    a. metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;
    b. water pipes;
    c. carburetion tubes and devices;
    d. smoking and carburetion masks;
    e. objects, commonly called roach clips, for holding burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;
    f. miniature cocaine spoons and cocaine vials;
    g. chamber pipes;
    h. carburetor pipes;
    i. electric pipes;
    j. air-driven pipes;
    k. chillums;
    l. bongs;
    m. ice pipes or chillers.

(b) The following, along with all other relevant evidence, may be considered in determining whether an object is drug paraphernalia:

(1) statements by the owner or anyone in control of the object concerning its use;
(2) prior convictions of the owner or other person in control of the object for violations of controlled substances law;
(3) the proximity of the object to a violation of the Controlled Substances Act;
(4) the proximity of the object to a con-

trolled substance;
(5) the existence of any residue of a controlled substance on the object;
(6) the proximity of the object to other drug paraphernalia;
(7) instructions provided with the object concerning its use;
(8) descriptive materials accompanying the object explaining or depicting its use;
(9) advertising concerning its use;
(10) the manner in which the object is displayed for sale;
(11) whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a seller of tobacco products or agricultural supplies;
(12) possible legitimate uses of the object in the community;
(13) expert testimony concerning its use;
(14) the intent of the owner or other person in control of the object to deliver it to persons whom he knows or reasonably should know intend to use the object to facilitate violations of the Controlled Substances Act.

"§ 90-113.17. *Possession of drug paraphernalia*—(a) It is unlawful for any person to knowingly use, or to possess with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, package, repackage, store, contain, or conceal a controlled substance which it would be unlawful to possess, or to inject, ingest, inhale, or otherwise introduce into the body a controlled substance which it would be unlawful to possess.

(b) Violation of this section is a misdemeanor punishable by a fine of not more than five hundred dollars ($500.00), imprisonment for not more than one year, or both.

"§ 90-113.18. *Manufacture or delivery of drug paraphernalia.*—(a) It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia knowing that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, package, repackage, store, contain, or conceal a controlled substance which it would be unlawful to possess, or that it will be used to inject, ingest, inhale, or otherwise introduce into the body a controlled substance which it would be unlawful to possess.

(b) Delivery, possession with intent to deliver, or manufacture with intent to deliver, of each separate and distinct item of drug paraphernalia is a separate offense.

(c) Violation of this section is a misdemeanor punishable by a fine of not less than one thousand dollars ($1,000), imprisonment for not more than two years, or both.

"§ 90-113.19. *Advertisement of drug paraphernalia*—(a) It is unlawful for any person to purchase or otherwise procure an advertisement in any newspaper, magazine, handbill, or other publication, or purchase or otherwise procure an advertisement on a billboard, sign, or other outdoor display, when he knows that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia described in this Article.

(b) Violation of this section is a misdemeanor punishable by a fine of not more than five hundred dollars ($500.00), imprisonment for not more than six months, or both. However, delivery of drug paraphernalia by a person over 18 years of age to someone under 18 years of age who is at least three years younger than the defendant shall be punishable as a Class I felony."

Sec. 2. G.S. 90-113.4 is repealed.

Sec. 3. If any provision of this act or the application of it to any person or circumstances is held invalid, the invalidity does not affect any other provision of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Sec. 4. This act shall become effective October 1, 1981, and applies to acts committed on or after that date.

In the General Assembly read three times and ratified, this the 4th day of June, 1981.

Relief Pharmacist for Eastern N. C. Retail or Hospital—available on Weekends only. Call 919-492-3207.

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NOW, WHAT ARE YOU GOING TO DO ABOUT IT?

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PHARMACY CRIMES

WADESBORO

Wadesboro police have arrested four Charlotte area residents with attempting to pass forged prescriptions in Tollison's Pharmacy. All prescriptions forged were for "Dilaudid"

FAYETTEVILLE

The Medicine Shoppe pharmacy was robbed at gunpoint Friday night, April 10, 1981 of over 1,000 tablets of various drugs. Two men entered the store about 10 p.m. and ordered employees on the floor while drugs, cash and checks were taken. One of the robbers was armed.

GREENVILLE

Hollowell's Drug Store was broken into early May 1, 1981, and a quantity of drugs and cash was reported stolen. Police answered an alarm at the drug store and while police were at the rear of the building, thieves broke out the front glass and escaped. Attempts to track the thieves with bloodhounds failed, but some of the money and drugs was recovered, apparently dropped in flight.

WILMINGTON

Two Carolina Beach women were arrested in early May for attempting to obtain a controlled substance by forging a prescription. One of the women was out on bail after being charged with possession of marijuana with intent to sell. The pharmacist at the Revco Drug Store called the prescriber when he noticed the prescription had been altered. When he learned the prescription was forged, he called the police.

KNIGHTDALE

The Knightdale Pharmacy was robbed by two gunman Saturday, May 16, about 2 pm. Two men were reported leaving the scene heading to Raleigh in a car bearing Kansas or Connecticut license plates.

STOLEN Rx BLANKS

Dr. A. Parker, Goldsboro, reports the theft of a large number of Rx blanks from his office. Verify prescriptions for street-popular drugs.

SOUTHPORT

The Rx Shoppe was broken into in late March and over $400 worth of Valium and other controlled substances were reported stolen. Entry was made by breaking the glass in the front door. This was the second burglary in two months according to pharmacist Tom Owens.

OXFORD

Almost $2,000 was reported missing from Mast Drug Store on March 12. The money and other recipients were placed in a bag after clearing the register and four hours later the bag was gone.

BOONEVILLE

Thieves broke into Booneville Pharmacy Monday night, March 9 and caused more damage to the building and equipment than they stole in merchandise. Owner Derl Clark said few drugs were missing but over $200.00 damage was caused.

MOUNT PLEASANT

Two men have been arrested on charges of breaking, entering and larceny of Moose Drug early in March. Police caught a man exiting via the roof and the other was inside the store. About 50 bottles or drugs along with syringes and needles were found in one of the thieves' tote bag.

VALDESE

Thieves broke into Rite-Aid Pharmacy and were selective in what they stole. They broke in a window sometime between 9 and 11 pm Thursday night, March 19, and the only drugs missing were those with high street value. Among those reported stolen were Valium and Ionamin.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of $3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

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Two (2) bedroom Condominium at Atlantic Beach, N. C. Sleeps 6 to 8. Fantastic view of the ocean and sound. By the week, weekend or day. Discount to pharmacists. Call (919) 823-6082 or 823-1107.

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Statesville-North Wilkesboro area. Relief pharmacist needed to work several Saturdays per month with an occasional week day. Prescription oriented practice. Long term arrangement possible. Send resume and salary requirements to NCPhA, Box SAT.

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Need some help during the holidays, or weekends? Call Pharmacy Relief of North Carolina. (919) 967-6496.

Need extra money?
Write

RELIEF
302 Oleander Rd.
Carrboro, N. C. 27510

STORE FIXTURES FOR SALE

Complete fixtures for 3,000 square ft. space. Card racks, 6 glass show cases, 3 auxiliary counters, Rx counter with sink, gondolas and wall units. Need to sell by August 1. Price negotiable. Contact Linda Critz: Home (704) 728-7779 Business (704) 754-4531.

STORE FOR SALE

Ten-year-old store for sale. 2500 square feet. Fifty miles from coast. Contact Box NW, NCPhA.

RELIEF PHARMACIST AVAILABLE

For week or longer; preferably west of Statesville, but negotiable. Plan your vacation replacement now. Henry Leigh 704-293-5126.

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N. C. Relief Pharmacists Association, Inc.
Route 2, Box 510
Chapel Hill, N. C. 27514
919-383-7836

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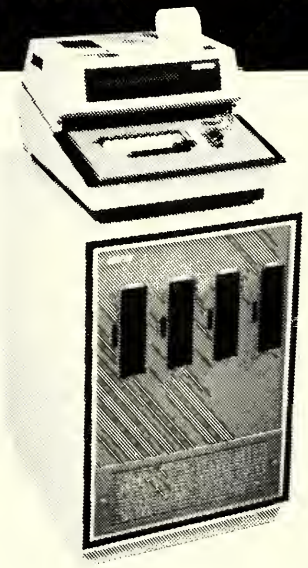

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JULY 1981 VOLUME 61 NUMBER 7

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The North Carolina Institute of Pharmacy, Chapel Hill

Owned and operated by the North Carolina Pharmaceutical Association, it houses the offices and staff of the Association. Completed in 1951, the Institute was financed almost solely through contributions from NCPhA members, its Woman's Auxiliary, its Traveling Members Auxiliary, local and regional pharmacy organizations, wholesale drug houses and interested friends.

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All Lilly insulin preparations bearing the trademark Iletin contain a mixture of beef and pork insulin. The majority of diabetics manage their diabetes most effectively by using one or more of the many forms of Lilly insulin that are currently available. In 1980, Lilly improved the purity of its insulin products significantly, so that all forms now contain less than 50 parts per million proinsulin (proinsulin content is the standard measure of insulin purity). The single-peak Iletin sold between 1972 and 1980 had a proinsulin content of <3000 parts per million.

For diabetics with special needs . . . Iletin II

Iletin II products are insulins derived from only one animal source—either beef or pork. The use of Iletin II, Pork, or Iletin II, Beef, is generally reserved for patients who demonstrate a clinical need for single-species insulin. Iletin II products are in a new class, recognized as purified insulins. All purified insulins contain <10 parts per million of proinsulin.

ILETIN® beef-pork insulin

Lilly 100122

ILETIN® II purified pork insulin purified beef insulin

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insulins that maximize control

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The American Druggists' Insurance Company was founded by pharmacists to serve the insurance needs of pharmacists. We were dedicated then, as now, to provide better insurance at the lowest, safe cost. Today, as in the past, ADI is the leading insurer of pharmacies. It is our specialty. Aren't these sufficient reasons why you should contact your ADI agent now for a reevaluation of your insurance needs?

ADI is the insurance company recommended by the North Carolina Pharmaceutical Association.

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MESSAGE FROM MARSHALL

J. Marshall Sasser, President, NCPhA

Dear Fellow Pharmacists:

Membership in the North Carolina Pharmaceutical Association is the greatest bargain of our time. You spend more on your daily newspaper and your dues could not purchase your morning coffee. What a lengthy list of benefits membership provides that most of us have taken for granted.

It begins with the Journal of Pharmacy with significant news and happenings in the world of Pharmacy, employment opportunities, word of the availability of businesses or personnel, changes in laws or government regulations or programs, continuing education, the great section from the U.N.C. School of Pharmacy and just plain gossip about the lives of your Pharmacist friends around the world. You get the Tar Heel Digest with more urgent information, recalls and compliance notices, want ads with sales and bargains, and legislative updates. And in between there are other mailings, surveys and chances for participation by those who cannot find time to attend our scheduled meetings. The Association carries on an active awards program, help for our UNC Students, is a storehouse of Pharmacy information and is a voice for you in Raleigh and Washington. And among other benefits too numerous to mention in this short space, our Institute of Pharmacy is a home away from home for those students and pharmacists returning to Chapel Hill.

There is not sufficient time today to expand on the reasons we need 100% Membership and participation in our programs. This must follow at a later date. But no one can help us reach that goal better than you who are reading this message. We need your help to add that friend of yours down the street who just never bothered to join because the programs would probably continue without him, or the acquaintance across town who was a member, but it was just easier not to send his check at that time. We need your help greatly in getting our membership to the point it will be an even more powerful force in shaping the future of Pharmacy.

If you have questions, feel free to call me at any time at the Pharmacy (919-934-2111) or at home (919-934-7433) or better yet call Al Mebane at 919-967-2237 and he will immediately respond with all the information and materials including extra membership forms.

Be active, do your share. GET ANOTHER MEMBER.

REPORT

COMMITTEE
ON
CONSOLIDATE PHARMACY LOAN FUND AND ENDOWMENT FUND

Charlotte, North Carolina
April 28, 1981

MEMBERS

Chairman, Jack K. Wier, Chapel Hill
Shelton Boyd, Mount Olive
G. Tom Cornwell, Morganton
Howard Q. Ferguson, Randleman
Robert B. Hall, Mocksville
J. C. Jackson, Lumberton
Ralph P. Rogers, Jr., Durham
R. N. Sykes, Jr., Wilson
B. R. Ward, Goldsboro

CONSOLIDATED LOAN FUND

The Consolidated Loan Fund is the only regular source which can meet quickly the needs of pharmacy students for emergency financial aid. During calendar 1980 this fund provided $22,050.00 in loans to 76 students. This amounted to slightly over six percent of the approximately $316,000.00 in documentable loans, grants and scholarships received by pharmacy students in calendar 1980.

The financial report of this fund is attached. In addition, a comparison table of certain aspects of fund activity for the years 1976 through 1980 is attached.

Contributions to the fund in 1980 were $6,359.63, down very slightly from 1979. Loan repayments were up about $1,500.00 over 1979. The total dollars loaned, $22,050.00, was down $4,700.00 from 1979, and the number of loans was less by 15, while the average size of a loan was approximately the same as in 1979. The fund balance was up from the 1979 figure by about $8,000.00.

The assets of the loan fund will be increased considerably for calendar 1981 by the recent contribution of approximately $15,000.00 from the assets of the defunct Carolina Rexall Drug Club. The chairman has written to Mrs. James E. Evans to express the gratitude of the NCPhA and the School of Pharmacy for her part in making these funds available to the Consolidated Loan Fund.

A new degree program will begin at the UNC-CH School of Pharmacy in the fall of 1981. This program will lead to the Doctor of Pharmacy for the students who successfully complete it. The number of such graduates will not exceed fifteen per year. Persons accepted into the program will be from two sources: (1) students already enrolled in the regular pharmacy degree program after completion of their penultimate year, and (2) persons who already have earned a Bachelor of Science degree in pharmacy. This committee has ruled that only those Doctor of Pharmacy candidates who have not already earned a pharmacy degree will be eligible for loans from the Consolidated Loan Fund. Those loans will be subject to the regular limits of $300.00 per semester with a total of $1,800.00.

ENDOWMENT FUND

Contributions to the General Endowment Fund in 1980 were about $1,000.00 and were about $1,300.00 to the Ralph P. Rogers Scholarship Fund. The balance of the W. J. Smith Speaker Fund remains about the same as in 1979, as contributions of $480.00 added to interest earned just offset the expenses.

The fund assets for 1981 will be considerably increased because of a transfer of profits from a recent sale of stock owned by the Association. Because of a tender offer to buy stock associated with a change in ownership in a corporation, stock purchased at about $10.00 a share was sold

(continued on page 7)

SUCCESS BREEDS SUCCESS

First there was

SUDAFED®

The original, effective decongestant is also the original profit generator.

- #2 "cold" tablet in pharmacies for the 24-tablet size packages[1]
- #1 in the 100-tablet size[1]
- More than 383,000,000 tablets sold last year... and growing at a rate faster than the market*

Then came

SUDAFED® PLUS

The potent decongestant/antihistamine allergy/cold product for year-round relief of nasal and sinus congestion, watery, itchy eyes, and sneezing.

- 300% ahead of sales forecast since its introduction
- Your recommendation makes a difference — 55% of Sudafed Plus was purchased because pharmacists recommended it*
- 34% of soles are attributable to physician recommendations*

And now brand new

SUDAFED® COUGH SYRUP

For temporary relief of cough, stuffy nose, and sinus congestion symptoms due to colds and flu. The new potent combination of dextromethorphan to relieve coughs and guaifenesin to loosen congestion is added to the original Sudafed formula.

- Inherits the great "Sudafed" name — a name you and physicians recommend... and customers use and keep coming back for more!

GET YOUR SHARE — DISPLAY THE WINNERS... AND CASH IN ON THE PROFIT-MAKING POWER OF THE ENTIRE

SUDAFED FAMILY OF COUGH/COLD/ALLERGY RELIE

The Sudafed name and quality...
breeding customer loyalty and profits for you

Reference: 1. Independent Market Research Audit, 12-month data, Aug. 1980, based on drugstore sales of OTC Sudafed 24's and 100's

*Data on file, Burroughs Wellcome Co

Wellcome | Burroughs Wellcome
Research Triangle Par
North Carolina 2770

by the Association at about $90.00 a share. Forty thousand dollars from this sale was transferred to the Endowment Fund.

This committee has requested the Executive Director to undertake promotion of the concept of memorial plaques by means of printed notices in the *Carolina Journal of Pharmacy* and the NCPhA Newsletter, as well as by announcement at the Annual Convention. These plaques, which hang in the auditorium of the Institute of Pharmacy, are provided from special donations to the Endowment Fund. The plaques are intended as a form of recognition of outstanding men and women in the North Carolina pharmacy family. The Executive Director of the Association, Mr. A. H. Mebane, III, will provide explicit information to anyone wishing to honor some person in this way.

Respectfully submitted,

Jack K. Wier, Ph.D.
Chairman

CONSOLIDATED PHARMACY LOAN FUND
January 1, 1980 through December 31, 1980

76 loans made to pharmacy students
$22,050.00 loaned (average loan was $290.13)
$16,145.00 loans repaid
$6,359.63 contributions

ASSETS		
Savings and Checking Accounts	$ 6,711.39	
Outstanding Loans	64,875.00	
NCNB Stock	1,012.50*	
Strother Stock	1,012.50*	
		$73,611.39
EXPENSES		
Dividends Transferred to General Fund	$ 309.58	
Interest Due to General Fund (Savings Account)	234.29	
		$ 543.87
FUND BALANCE		$73,067.52

*Stock listed at cost

NOTE:

On January 21, 1981 a check was presented by Mrs. James E. Evans to the Consolidated Pharmacy Fund in memory of James E. Evans from the Carolina Rexall Drug Club—$15,500.00.

CONSOLIDATED PHARMACY LOAN FUND
Comparison of Selected Activities for 1976 through 1980

	1976	*1977*	*1978*	*1979*	*1980*
Number of Loans Made	120	98	78	91	76
Total Value of Loans	$21,465.00	$23,485.00	$20,825.00	$26,700.00	$22,050.00
Average Value of Loans	$ 178.88	$ 239.64	$ 243.31	$ 293.41	$ 290.13
Value of Loans Outstanding	$42,205.00	$46,185.00	$47,740.00	$58,970.00	$64,875.00
Contributions to Fund	$ 6,993.00	$ 5,225.00	$ 3,900.00	$ 6,591.12	$ 6,359.63
Total Assets of Fund	$55,365.37	$60,441.35	$64,878.89	$65,281.45	$73,611.39

(continued on page 9)

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Photo of Peoples Drug; W. Jefferson, N. C.

Contact:
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304 Meacham Street
P. O. Box 3465
Charlotte, N. C. 28203
704-376-5150

NOTES:

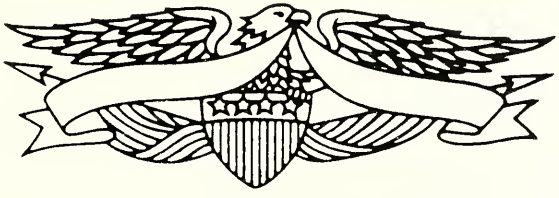
1. Beginning with the fall semester of 1978, the total enrollment of the School of Pharmacy was reduced by approximately twenty percent. This was caused by a change from the one-year prepharmacy/four-year professional program to a two-year prepharmacy/three-year professional program. This change has no direct effect on the annual number of graduates, but it does reduce the number of students eligible for loans from this fund.
2. Because of rising educational costs and the lesser number of students eligible to utilize this fund, beginning with the fall semester of 1978, the maximum loan was raised from $200 to $300 per semester and the total loan ceiling from $1600 to $1800.00

SUMMARY OF FINANCIAL AID
School of Pharmacy
July, 1980-June, 1981

Source and Type of Aid

Governmental Sources	*No. of Awards*		*Amount*	
State	*1979-80*[1]	*1980-81*[2]	*1979-80*[1]	*1980-81*[2]
Department of Human Resources	7	6	$13,000.	$12,000.
Federal				
Health Professions Loan[3,4]	92	113	76,787.	129,986.
Educational Opportunity Grant[5]	130	125	103,990.	111,916.
Miscellaneous Grants and Scholarships[6]	81	100	46,075.	67,761.
Private Sources				
School of Pharmacy Scholarships[7]	20	20	10,450.	11,350.
N. C. Pharm. Assoc. Consolidated Loan Fund[8]	91	76	26,700.	22,050.
Totals	421	440	277,002.	355,063.
Number of Individuals Receiving Aid[9]	125	146		

[1] As of end of Summer Session I, 1980.
[2] Projected to end of Summer Session I, 1981.
[3] Awards administered by School of Pharmacy in conjunction with UNC-CH Student Aid Office.
[4] One-tenth of HPL funds provided by the School of Pharmacy (NCPRF).
[5] Awards administered by UNC-CH Student Aid Office; includes Basic and Supplemental Educational Opportunity Grants.
[6] Awards administered by UNC-CH Student Aid Office—primarily scholarships and grants.
[7] Administered by the School of Pharmacy.
[8] Administered by the N. C. Pharmaceutical Association—data for calendar year 1980.
[9] Do not include Consolidated Loan Fund data.



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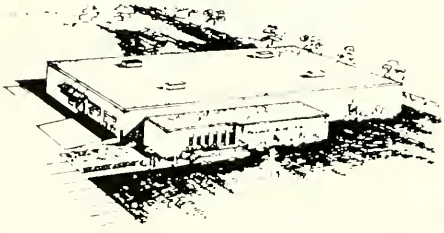

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Vice President

KENDALL DRUG COMPANY
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THE PRESIDENT'S ADDRESS

Delivered to the 101st Annual Convention of the North Carolina Pharmaceutical Association, Charlotte, April 28, 1981 by Jack G. Watts.

Something I've wanted to say for a long time—"No man is in an island."

If we go backwards, it's not one person's fault—it's everyone's!

Our progress is the result of our Unity. Working together means winning together.

Perhaps we all can take a few minutes from our busy schedules to assess our position at this time.

Have you heard the story about the little town and the great cask of wine?

—It goes something like this:—

Fiesta time was coming up and the Council ordered the building of a huge cask which was to hold the drink for the celebration. All the citizens agreed to contribute one bottle of his or her best wine to fill the huge cask.

At the height of the event the cask was tapped and the first glass was handed to the Mayor. But even before it reached his lips—a gasp went up from the crowd—the liquid was absolutely clear!

You see, each villager had reasoned that if he or she contributed a bottle of water, the dilution would go unnoticed. "My little contribution won't be missed" was their line of reasoning.

Get the point! The thinking of many Pharmacists in North Carolina is possibly like this.

Unfortunately, in Pharmacy, too many people are using the same line of reasoning. They are holding back and shirking their full contribution to the total work effort. If product and service quality is not weakened, however, members should contribute their full share of effort, however small the task.

Quality work gives you dignity, and your colleagues satisfaction. So always keep your personality and your performance above board—

Remember, you and your Association will both succeed so long as you see excellence.

We are engaged in pursuit of methods and ideas to make the Association best represent the interests of all areas of pharmacy. Whatever your area of employment in pharmacy, we invite your ideas and participation. It is our goal that the Association act as a mixing pot for all of us. We are living in a constantly changing world and we want you to feel at home—intellectually, socially, and professionally as a member. Anytime you feel a particular subject or area of pharmacy should receive a greater amount of time and attention, please speak up. We want to know *YOU* and your *THOUGHTS*.

As you know the legislative structure and process is another world—almost—in North Carolina—

To effect the most productive results, your participation and the participation of every pharmacist is needed.

Only through the participation of the majority of members—can we be truly representative.

Your ideas should be known by your representative in the legislature—

There is a great deal of concern regarding third party programs. As you know, antitrust laws prohibit your association from representing you in the *MOST DESIRABLE* manner. Until legislators can be convinced to make an exception to antitrust laws to allow Pharmacists to meet collectively with Third Party representatives, many problem areas will remain. It is our individual responsibility to contact those Congressional Representatives who are in the position of effecting this exception.

How about telling your legislator "How it is" with us? Until we are able to tell our story and obtain the desired results, there will be no fairness as far as pharmacy third party needs are concerned.

It's a good idea to take an interest in your future. That's where you'll spend the rest of your life. We are counting on *YOU!*

I did not elaborate on the problems with the 3rd party, because we'll get into these later. But my point this far in this message has been like when I started out 12 months ago as your President.

I got the idea of maybe trying to do something constructive in the Journal and to write what you saw. I've been kidded alot about that picture of mine, the Watts Line. The one

(continued next page)

thing that was hard to do was each month, maybe I missed a couple, sit down and try to put thoughts down on paper. Those thoughts were really given to me; alot weren't original, they were the thoughts of practicing pharmacists in North Carolina. I talked with them through the 25 years that I participated in the type of work that I do. These ideas then had the opportunity to be put to paper. I would get the topic, if any of you remember reading them, and somebody would call me and congratulate me on an article. I would then go back and reread it, pat myself on the back, and think how great I thought it was. I was in a hospital just Friday, and the hospital pharmacist said, "I don't want your head to get so large that you can't wear a rainhat, but alot of people are coming in and copying this article I have on the bulletin board. It just happened to be one from the Journal. And I said, "I could have them copied for you and have them right here on your desk if you wanted!"

Anyway, I tried to get the pharmacists in our state, and maybe those not present this morning, to think of what they could do better for their patients. I also tried to make them aware of how to react, as a pharmacist, to our consuming public, that now has so much to do with our everyday operations of our business.

Twelve months ago I took office as your president. I came in with high hopes and expectations. Now as I look at the end of twelve months, it looks like a mixture of good news and bad news. I imagine that every president is gratified by many of his accomplishments, but dissappointed in the lack of progress on some of his other goals! I am no different. I do not intend to dwell much on these things now because they will be covered later in the meeting.

I would like to report on some of the things that have happened during the twelve months. I was well aware that I could do nothing alone—I needed a lot of expert help—this I received from many, many people in this Association.

Let me right here and now say thanks to Al Mebane, Betsy Mebane, Erie Cocolas, Tracy Fox, our staff. At the NCPhA Office in Chapel Hill, you could not want a better staff. Always ready to do what ever was asked of them. I'll put this staff up against any staff of any other association. I have yet to ask for something to be done reasonable that wasn't done. I'll give you an example. Erie didn't have to type this last night for me at 12:00, but she did. That's the type of people we have working for us. I call, I ask questions, I get answers, and that's the way it should be. I thank each of you from the bottom of my heart for your help during my twelve months.

Now, I'd like to elaborate on each of the 7 or 8 items I have here for just a moment. First of all, is the Pharmacy Practice Act. There's been alot of discussions around the state about this Act, and there's been alot of meetings held by this Committee. The Executive Committee has put alot of hours in, meeting with the rewrite Committee, and they're trying to come up with a bill that would pass through the legislature. At this point, we have a bill, and there was some compromise. Representative Miller from Durham will introduce the Pharmacy Practice Act sometime this week or no later than the first of next week. You'll be hearing more about this as it goes through the legislature.

Let me continue now with some other good things. We have had continued growth even in inflationary times in our association. The Executive Committee, the staff, and many other members of the Assocation have taken it upon themselves to carry membership blanks. It's surprising how many people will join if you have the blank with you. You should have to be asked to join a professional association such as ours, but we're human and we do tend to forget things like this.

One thing I've seen in the past 12 months is an improved relationship with the UNC School of Pharmacy and the Student Branch. I am truly proud of the Student Branch. I have had the opportunity this year of working closer with them. We have an outstanding group there. I am very pleased with the caliber of these young pharmacists and the way they want to help and do things.

We have had a successful campaign to promote "Prevention of Blindness" month and cooperation with the NC Society of the Prevention of Blindness. They have written letters and couldn't thank NC pharmacists enough for their participating in this program.

Another highlight was our Founder's Day. The Founder's Day, as you remember, was the closest day we could get to the actual 100th birthday of the Association. We met in Chapel Hill, had a good group, and maybe some of you have seen some of the pictures of our Foun-

der's Day in the Journal. We buried the time capsule on the Association's property in Chapel Hill, at the Institute of Pharmacy. Shortly, we'll cover the area where we have the time capsule in the ground. It was amazing the amount of things to be put in the capsule. Each of us in the Executive Committee wrote something. 100 years from now, when that capsule is taken from the ground, they'll wonder why I wasn't the President of the US!

Another highlight of the 12 months was when Al Mebane and I were asked to attend the SC Pharmacy Convention in Kiawa. They asked us how we did things and as a matter of fact, we were down there to see how *they* did things. The NCPhA was addressed at their convention, and they had me install their officers.

Also, the last picture on the front cover of the journal was great. We were told by Jesse Pike, and others that started the NC Rexall Club many years ago, that they had some money put aside and they forgot about it. Mrs. Evans told Mr. Mebane that if he could get the President and come to Marion, NC, we'd have a dinner and make a presentation. We drove there and Mrs. Evans presented to you, our Association, a stock certificate from the group. We sold this stock the next day, instructions from Jesse Pike and others. We *did* improve the Student Loan Fund. We received $15,000 from this stock. I want to thank all of those that had a part in it. Another highlight is the Association's establishment of consulting pharmacists of NC. I would like to see them come in as an academy, the first academy to be established. I want to congratulate this group. Issues can work out better if we talk things out openly. I think we pharmacists are guilty, a lot of times, of not really discussing things openly.

I thank the pharmacists of NC for having confidence in me, and hopefully I haven't let them down too much. I will still be on the Executive Committee to help you as much as possible. Thank you for letting me serve as your President. Just call us.

NCPhA Officer Installation, Annual Convention, Charlotte, April 28. Past-President W. Whitaker Moose installs (left to right) President J. Marshall Sasser, First Vice-President Ernest J. Rabil, Second Vice-President Julian A. Upchurch, Jr., Third Vice-President Waits A. West, At-Large Members Ralph H. Ashworth, Joe A. Edwards and George M. Willets, III.

photo by Colorcraft

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This announcement begins a series in which, each month, SRD will address one of the many symptoms of computer phobia and how they can be corrected with COMPUTASCRIPT.

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BOARD LICENSES 108 SUCCESSFUL CANDIDATES

Congratulations to the 108 pharmacists who passed the June Board of Pharmacy examinations. Receiving licenses as of July 24 1981 are:

Adams, Adrian Wyatt, *Elizabethtown, NC*
Adams, Barbara Dawn, *Wilson, NC*
Alexander, Tina Lynn Hogarth, *Raleigh, NC*
Allen, Donald Wade, *Murfreesboro, NC*
Alsager, Janet Elaine, *Asheville, NC*
Bacon, Jonathan Mark, *Lenoir, NC*
Bailey, Nancy Elizabeth, *High Point, NC*
Ball, Randy Gray, *Raleigh, NC*
Barfield, Paula Louise, *Weldon, NC*
Bethea, Allen Anthony, *Charlotte, NC*
Blackburn, Donna Marie, *Winston-Salem, NC*
Blaug, Suzanne, *Chapel Hill, NC*
Brown, Janet Thomas, *Raleigh, NC*
Carpenter, Larry Charles, *Morganton, NC*
Carrelli, Michael Antonio, Jr., *Arden, NC*
Cawthorne, Phyllis Jo, *Greenville, NC*
Chenault, Carlisle, *Raleigh, NC*
Clark, Renae Eckard, *Salisbury, NC*
Clelland, Alec William, III, *Fayetteville, NC*
Close, Walter Allison, *Carrboro, NC*
Cocolas, Harry George, *Chapel Hill, NC*
Collums, Elizabeth Fulbright, *Wilson, NC*
Crawford, Stephanie Yvonne, *Baltimore, MD*
Daniel, Eula Mae, *Oxford, NC*
Day, Arnold Christopher, *Spruce Pine, NC.*
Dean, Carla Louise, *Salisbury, NC*
Edwards, Deborah Lynn, *Nashville, NC*
Everett, Charles Arnold, *Chapel Hill, NC*
Everett, Tammy Jane, *Farmville, NC*
Ferguson, Jeffrey Claude, *Lake Junaluska, NC*
Fesperman, Sarah Lipscomb, *Chapel Hill, NC*
Fisher, Karen Elizabeth, *Ahoskie, NC*
Flynn, Charles Lanier, *Winston-Salem, NC*
Fowler, Diana Valiease, *Tabor City, NC*
Frederiksen, Ann Covington, *Charlotte, NC*
Girard, Sonja Lynn, *Clemmons, NC*
Goodwin, Sheila Diane, *Apex, NC*
Guthrie, Paul Wayne, III, *Winston-Salem, NC*
Hall, Rosalind Joye, *McAdenville, NC*
Hamlet, Kim Emilie, *Raeford, NC*
Hardy, Reginald Lee, *Winston-Salem, NC*
Harrell, Walter Stanton, Jr., *Washington, NC*
Hayes, Eric Clifford, *Plymouth, NC*
Hazelgrove, Douglas Scott, *Wilmington, NC*
Heilman, John Michael, *Valdese, NC*
Hester, Janet Lou, *Hurdle Mills, NC*
Holbrook, Kimberly Irene, *Charlotte, NC*
Holcomb, Charles Gregory, *Jonesville, NC*
Holleman, Ann Hughey, *Chapel Hill, NC*
Isgett, Sharon Lynn, *Asheville, NC*
Jarrell, Janice Hopkins, *Charlotte, NC*
Johnston, Donald Cameron, Jr., *Hickory, NC*
Jordan, Mary Alison, *Greenville, NC*
Knight, Alan Wicker, *Greenville, NC*
Koontz, Garry Odell, *Lexington, NC*
Korf, Susan Averrie, *Raleigh, NC*
Lemberg, Mary Ellen, *Oxford, NC*
Long, Michael Thomas, *Roxboro, NC*
Lowder, Nancy Kathryn, *Winston-Salem, NC*
Lowder, Wallace Hoyle, Jr., *Albemarle, NC*
Lyerly, Ronald Eric, *Greensboro, NC*
McMillan, Cynthia Jean, *Forsyth, GA*
Maggio, Marina Lynn, *Carrboro, NC*
Mallard, Roger Keith, *New Bern, NC*
Maness, Gloria Jill, *Goldsboro, NC*
Marley, Martha Measamer, *Greensboro, NC*
Marquis, Donna Marguerite, *Raleigh, NC*
McClain, William Keith, *Greensboro, NC*
McDowell, Joseph Owen, *Scotland Neck, NC*
McSkimming, William Robertson, III, *Buffalo, NY*
Merkel, Victoria Nye, *Charlotte, NC*
Meyer, Barbara Geralyn, *Jamestown, NC*
Michie, Theodore Clayton, *Roxboro, NC*
Moore, Lois Florette, *Washington, NC*
Moser, James Bradley, *Claremont, NC*
Moss, Bradley Lee, *Rural Hall, NC*
Mullis, Mary Jane, *Greenville, NC*
Murchison, Lester Ellis, Jr., *Chapel Hill, NC*
Murray, Gloria Elaine, *Candler, NC*
Orr, Julienne Bussey, *Raleigh, NC*
Outten, John Dana, *Plymouth, NC*
Overby, Kelly Jean, *Fuquay-Varina, NC*
Owens, William Winfred, *Elizabeth City, NC*
Owensby, Richard Kelly, *Gerton, NC*
Patten, Janice Kaye, *Concord, NC*
Payne, Kathryn Artis, *Asheville, NC*
Ponder, William Norman, Jr., *Hendersonville, NC*
Preston, Julie Holshouser, *Salisbury, NC*
Price, Jennifer RueAnn, *Elizabeth City, NC*
Rivenbark, Daniel Gray, *Warsaw, NC*
Sherman, Margaret Elaine, *Lillington, NC*
Smith, Phyllis Marie, *Charlotte, NC*
Stafford, Phillip Garris, *Greensboro, NC*
Stancil, John Carl, Jr., *Oxford, NC*
Thomas, John Parks, *Lake Waccamaw, NC*
Thompson, Monte Carroll, *Ahoskie, NC*
Thornton, Kathryn Ann, *Chapel Hill, NC*
Turlington, Betty Jean, *Chapel Hill, NC*
Turlington, Mary Joan, *Lexington, NC*
Venable, Michael Laurence, *Winston-Salem, NC*
Voyles, Pamela Sue, *Linwood, NC*
Walker, Ann Sweet, *Charlotte, NC*
Ward, Julie Leigh, *Rocky Mount, NC*
Watson, Susan Bradford, *Knightdale, NC*
Williams, Cheryl Annette, *Goldsboro, NC*
Williams, Jerry O'Neil, Jr., *Hamlet, NC*
Winstead, Ronald Jackson, *Durham, NC*
Wood, Cheryl Britt, *Chapel Hill, NC*

Group Life And Health Insurance Benefits For Members Of

North Carolina Pharmaceutical Association

Pilot Life Insurance Company is pleased to have been selected as the Group insurance carrier for the North Carolina Pharmaceutical Association. It would be to your advantage to become thoroughly acquainted with the benefits of this program.

You can expect the best possible service from Pilot Life, one of the nation's leading Group insurance carriers. For full information, contact Mr. Al Mebane, Executive Director, North Carolina Pharmaceutical Association.

Write or call:
Sam P. Stuart, CLU
1012 Glade Street
Winston-Salem, NC 27102
Telephone 919/723-8811

Pilot Life

HOUSE BILL 1204
JUNE 9, 1981

A BILL TO BE ENTITLED
AN ACT TO DEFINE "COUNTERFEIT CONTROLLED SUBSTANCE" IN THE NORTH CAROLINA CONTROLLED SUBSTANCES ACT.

The General Assembly of North Carolina enacts:

Section 1. G.S. 90-87(6) is rewritten to read:

"(6) 'Counterfeit controlled substance' means:

a. A controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number, or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person or persons who in fact manufactured, distributed, or dispensed such substance and which thereby falsely purports, or is represented to be the product of, or to have been distributed by, such other manufacturer, distributor, or dispenser; or

b. Any substance which is by any means intentionally represented as a controlled substance. It is evidence that the substance has been intentionally misrepresented as a controlled substance if the following factors are established:

1. The substance was packaged or delivered in a manner normally used for the illegal delivery of controlled substances.
2. Money or other valuable property has been exchanged or requested for the substance, and the amount of that consideration was substantially in excess of the reasonable value of the substance.
3. The physical appearance of the tablets, capsules or other finished product containing the substance is substantially identical to a specified controlled substance."

Sec. 2. This act shall become effective October 1, 1981.

PRESCRIPTION LABELS IN BRAILLE HELP THE BLIND IDENTIFY THEIR MEDICATIONS

Pharmacists and physicians in the District of Columbia have been working together on the development of prescription medication labels in braille, to enable the blind to differentiate one prescription from another, the *apharmacy weekly* reports. The labels are produced with a "tapewriter," a device similar to those commonly used to make plastic strip labels. Manufactured by the 3M Company, the tapewriter is available for about $35 from the American Foundation for the Blind.

The tapewriter imprints the prescription on transparent tape, which is then placed over the regular typed label, enabling both the blind and the sighted to read it. The information on the braille label includes the prescription number, dosage and frequency of use, and the name of the medication. For more information on the braille tapewriter, call toll free 1-800-447-4700.

TO STATE PHARMACEUTICAL ASSOCIATIONS

Zenith Laboratories, in 1979, began a program of solid dosage form product identification. To date, we have successfully identified most of our products.

Zenith set a company objective of full line product identification by the end of 1981. We are committed to this goal.

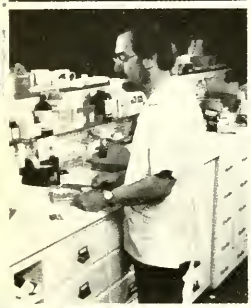
As existing stocks are depleted of capsules, they are replaced by appropriate imprinted ones.

All new tablet products manufactured in the last two years have already been identified.

Tablet identification requires the machine tooling of new punches for each product and each machine. The punches for all products have been on order for some time. All new products (within two years) are identified. Older products are being phased in as the punches arrive.

Zenith strongly supports the concept of product identification and is committed to complete the task in 1981.

Frederick J. Shainfeld
Director
Regulatory Affairs



Almost 40 million times last year, you helped B.W.Co.® support future pharmacists

The 8th annual Burroughs Wellcome Co. Pharmacy Education Program

Every time you fill a Burroughs Wellcome Co. Rx, you're contributing to the future of pharmacy. Last year, almost 40 million prescriptions were filled with a Burroughs Wellcome Co. product. This year, Burroughs Wellcome Co. will distribute $117,000 in awards . . . bringing our total commitment to $676,000 in the past 8 years.

Win a $750 grant for the pharmacy school of your choice

Now you can again help us help the future of pharmacy by designating the school you think deserves a cash award.

If you're a winner, a $750 education grant in your own name will be awarded to your favorite pharmacy school. That's what 3 registered pharmacists from every state (including the District of Columbia and Puerto Rico) will have the opportunity to do.

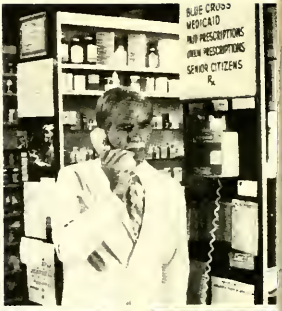
156 winners in all will be announced at the N.A.R.D. Convention September 21-24 in San Antonio, Texas. Drawings at the B.W. Co. booth. You need not be present to win.

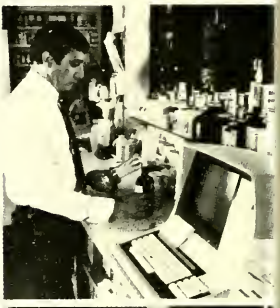
Receive a facsimile of a 300-year-old pill tile just for entering

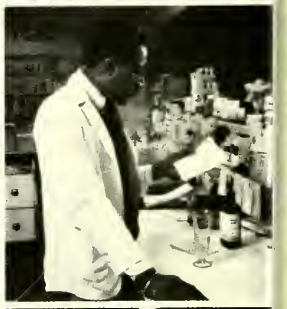
Every pharmacist who enters by September 11, 1981 receives this handsome facsimile.

Watch your mail for entry forms!

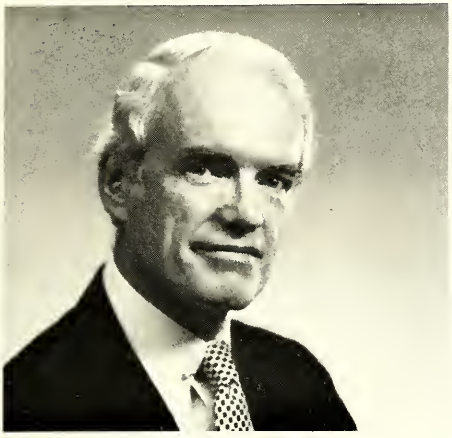
Wellcome | Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709







BURROUGHS WELLCOME NAMES EXECUTIVE VICE PRESIDENT



William M. Sullivan

RESEARCH TRIANGLE PARK, NC— William M. Sullivan has been appointed Executive Vice President of Burroughs Wellcome Co., responsible for all of the pharmaceutical company's operations.

As chief operating officer, Sullivan reports to Fred A. Coe, Jr., Chairman of the Board, President and Chief Executive Officer.

Since joining Burroughs Wellcome in 1973, Sullivan has served as Vice President, Secretary and General Counsel, as well as being a member of the board of directors. He will continue as General Counsel.

Sullivan was Director of the Legal Department and Assistant General Counsel of Ciba-Geigy Corporation in Ardsley, New York from 1965 to 1973. After graduating from Regis High School in New York City in 1952, the University of Notre Dame in 1956 and Harvard Law School in 1961, he was associated with the law firm of Dewey, Ballantine, Bushby, Palmer and Wood in New York City.

A native of New York City, he lived for a number of years in Westchester County, New York before moving to North Carolina. He resides in Raleigh with his wife Sheila and their four children.

He is a member of the American, North Carolina, New York State and New York City Bar Associations. He is also a member of the Law Section of the Pharmaceutical Manufacturers Association and served as the senior member of its advisory committee in 1979-80.

WIN $750 FOR PHARMACY SCHOOL OF YOUR CHOICE

Nearly $700,000 will have been invested in scholarship loan funds for pharmacy students when the Burroughs Wellcome Co. Pharmacy Education Program completes its eighth year.

Awards totalling $117,000 will be made this year to United States pharmacy schools in the names of three winning pharmacists from each state plus the District of Columbia and Puerto Rico. The 156 awards of $750 each will be drawn at the National Association of Retail Druggists (NARD) Convention in San Antonio, Texas, September 21-24, 1981.

Burroughs Wellcome Co. will contact over 60,000 pharmacies in mid-July, inviting their pharmacists to participate by returning a simple entry form. Deadline for receipt of entries is September 11, 1981. Last year, nearly 45,000 entered the program. Any *registered* pharmacist not receiving a form may contact a Burroughs Wellcome Co. Representative or write: Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, N. C. 27709.

By means of this program, Burroughs Wellcome Co. continues its partnership with pharmacy by helping to assure the future of the pharmacy profession through education.

PHARMPAC ELECTION RESULTS

Newly elected to the Board of Directors of North Carolina Pharmaceutical Political Action Committee (PharmPac) are:

James G. Blount, Edenton
A. Rowland Strickland, Jr., Stantonsburg
James L. Creech, Smithfield
Joseph A. Edwards, Jr., Raleigh
Ernest J. Rabil, Winston-Salem
John E. Nance, Greensboro
John C. Bullock, Jr., Wilmington
Marian P. (Sue) Hudson, Southern Pines
Jimmy H. Knowles, Charlotte
L. James Merritt, Belmont
William P. Powell, Mars Hill

Thanks, University of Tennessee

Knoxville, Tennessee

These young people recently spent a very full day at Abbott, touching bases in research, development and production.

Many of them were impressed—and said so—with the hundreds of steps and precautions taken to assure a top-quality product.

We were impressed, too—with them.

They were bright, curious, professional and very excited about their careers.

It was a good day. And one way we know of starting—and keeping—a dialogue.

ABBOTT

1053402

STATE BOARD OF PHARMACY

Members—W. R. Adams, Jr., Wilson; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; James A. Way, Winston-Salem; David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514.

PHARMACY PERMITS

Kroger Sav-On
2651 E. Franklin Blvd.
Gastonia, NC 28052
Gordon B. Johnson, Ph-Mgr.
Issued 5/22/81

Revco Discount Drug Center
21 Sunnybrook Dr., Wakefield Village S/C
Raleigh, NC 27610
Thomas Reaves, Ph-Mgr.
Issued 5/22/81

Davidson Discount Pharmacy
Rt. 16, Box 1, Old 29-70 South
Lexington, NC 27292
Richard L. Mercer, Ph-Mgr.
Issued 5/22/81

Rite Aid Pharmacy
Sardis Plaza, Sardis Rd. N. & Monroe Rds.
Charlotte, NC 28212
Joe Yates Cooke, Jr., Ph-Mgr.
Issued 5/26/81

Iredell County Health Department
P. O. Box 1268, 735 Hartness Rd.
Statesville, NC 28677
V. I. Boyles, Jr., Ph-Mgr.
Issued 6/4/81 L.S.P.

K Mart Pharmacy
R. R. #4, US Hwy. #64 & S.R. #42
Asheboro, NC 27203
Euvona B. Cowne, Ph-Mgr.
Issued 6/10/81

Sky City Pharmacy
13 Cloniger Dr.
Thomasville, NC 27360
Stephen R. Carswell, Ph-Mgr.
Issued 6/10/81 T/O

Medical Arts Pharmacy
Box 687, Medical Arts Bldg., S. Allen Rd.
Wake Forest, NC 27587
W. C. Griffin, Ph-Mgr.
Issued 6/11/81 T/O

Rolesville Drug Co.
Box 39, Main St., 401 Hwy.
Rolesville, NC 27571
Larry J. Warren, Ph-Mgr.
Issued 6/11/81 T/O

Miller's Pharmacy, Inc.
P. O. Box 459, Va. Dare Trail
Nags Head, NC 27959
Jackie S. Cooke, Ph-Mgr.
Issued 6/11/81 T/O

Revco Discount Drug Center
Red Banks Rd. & Plaza Dr., South Park S/C
Greenville, NC 27834
Rebekah B. Carter, Ph-Mgr.
Issued 6/15/81

RECIPROCITY CANDIDATES

June 16, 1981

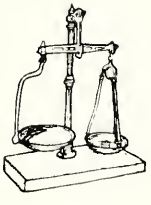
Bogan, David Wesley
Indiana

Griffith, Juanita Anderson
Georgia

Hanlon, Joseph Thomas
Massachusetts

Husek, Joseph Richard
West Virginia

Smith, Galen Hartman, III
West Virginia



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Designed by Pharmacists for Pharmacies

ASK BILL HOWLE AND FREDDIE RABON OF MARION PHARMACY, MARION, NC

System Features Include:
- Fast, Precise Rx filling and Label printing
- Refills in 10 Seconds
- Complete Patient Profiles
- Nursing Home Package
- Accounts Receivable
- State Welfare
- Third Party
- Drug Usage Analysis

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Director
Pharmacy Services
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JUSTICE DRUG COMPANY
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(919) 292-1920

Tel. 803-582-4594
P. O. Box 1779 • Spartanburg, S. C. 29304

smith data processing

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80-A

LOCAL PHARMACY NEWS

LUMBERTON

Tim Giddens, Director of Pharmacy, Southeastern General Hospital, Lumberton, was a double winner at the April meeting of the Toastmasters Club. He took honors in Speech Evaluation and for Table Talk. Toastmasters is designed to help a person speak with confidence before a group.

PILOT MOUNTAIN

Smith Drug, Inc. has been purchased by two Mount Airy pharmacists—Robert G. Smith and David Patterson. The former owner, Oscar Smith, is Bob Smith's brother.

ASHEVILLE

Phillip F. Crouch has been appointed to the Asheville Housing Authority's board of commissioners. Crouch, associated with Ideal Drug Store, will serve until June, 1983.

ASHEVILLE

Memorial Mission Hospital and St. Joseph's Hospital, in conjunction with Asheville-Buncombe Technical College, is sponsoring a pharmacy technician course at the Mountain Ahec. Class size is limited to 30 persons.

OAK CITY

The Oak City Pharmacy located in the Pittman Memorial Medical Center in Oak City opened in early April. The Martin County pharmacy is staffed by Michael Bunch, a 1979 graduate of the UNC School of Pharmacy, who has been employed at Martin County General Hospital. Bunch is a native of Windsor.

WEBSTER RECEIVES APPOINTMENT

Charles D. Webster, Fairmont, has been appointed Commander of the North Carolina Department of the Military Order of the Purple Heart.

The Purple Heart award is given to patriots for wounds received during military action or naval combat against an armed enemy of the United States according to U. S. Public Law 761-85th United States Congress.

NARD CONVENTION

Don't forget the 1981 National Association of Retail Druggists Annual Convention and Trade Show to be held September 20-24, in San Antonio. Jesse M. Pike, Concord, is the outgoing President. North Carolina will be well represented. For more information, write NARD or the NCPhA in Chapel Hill.

Immediate Past President Jack G. Watts, left, presents the Certificate of Membership in the "Fifty+" Club to B. R. Ward, as Mrs. Ward looks on. The presentation was made during the Awards Session of the 101st Annual Convention, Charlotte, April 26, 1981.

photo by Colorcraft

SPEED

ORDER SYSTEM

"Smith Portable Electronic Entry Device" is the key to a computerized ordering system that offers profitability by increasing cash flow, improving in-stock position, eliminating stockroom inventory, up-to-date price control and maintenance, increasing employee productivity, reducing order writing and call in time up to 70%, error free, and receiving better discounts on speed orders. The discount you earn is on each invoice. There is no rebate to be audited monthly.

PHARMAfiche

VISUAL REFERENCE SYSTEM

ARE YOU UP-TO-DATE ON PRICES,—RETAIL AND WHOLESALE? This microfiche service allows you to view a fiche through a compact viewer. A fiche the size of 4 x 6 file card can provide you information on up to 30,000 items, listed alphabetically and up-dated twice a month. Another fiche will be supplied listing items by SWDC stock re-order number. Many other features, such as free goods, specials, new items, price changes, deal contents and unit dose, all listed separately in groups for easy retrieval.

SMITH DRUG COMPANY division of J M SMITH CORPORATION

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Congratulations to

HUGH FLETCHER

On the renovation of College Pharmacy serving Rutherford College. We are pleased and proud to have helped you plan and execute this modernization.

H. Warren Spear R. Ph.
Pharmacy Design Specialist
415 Augusta Drive
Statesville, North Carolina 28677
(704) 873-9993

Spear Associates—planners, designers and installers of pharmacy fixtures & equipment

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION ACADEMY OF CONSULTING PHARMACY ESTABLISHED

The North Carolina Pharmaceutical Association is pleased to announce the establishment of the Academy of Consulting Pharmacy. Membership in the Academy is open to those members of the Association who are practicing in, consulting to, or otherwise interested in pharmacy practice in long-term care facilities, health departments, home health care agencies, and closely related areas of practice. The Academy aspires to promote and ensure a high quality of pharmacy service in these practice settings, and to assist and support those pharmacists across the state who are practicing in these environments. The principal objectives of the Academy, as stated in its Constitution are:

1. To promote and improve pharmacy services to long-term care facilities, health departments, home health care agencies and other closely related practice settings.
2. To develop and promote standards of practice in the interest of the profession and those served by pharmacists practicing in long-term care facilities, health departments, home health care agencies, and other closely related practice settings.
3. To encourage high standards of professional conduct among consultant pharmacists.
4. To encourage and to sponsor educational programs to assist the consultant pharmacist in the attainment of knowledge and the enhancement of skills relevant to his or her practice.
5. To encourage and to assist the School of Pharmacy in making students aware of consultant pharmacy practice as a career option, and in advising and assisting the School in the development of curricula designed to better prepare students for such a career.
6. To represent the interests of consultant pharmacists before the various branches of government and to provide an organized response to regulatory agencies, professional associations, industry, or other interested parties seeking positions, opinions, or other input on matters of concern to consultant pharmacists.
7. To collect and disseminate information of interest in the field of consulting pharmacy to the membership.
8. To advise and assist the North Carolina Pharmaceutical Association in the development of positions and strategies on matters of concern to consultant pharmacists, and to augment and support the efforts of the Association on matters of mutual concern.
9. To recognize the achievements of those who have made outstanding contributions to the practice of pharmacy in long-term care facilities, health departments, home health care agencies, and closely related practice settings.

Remember the Day ...in Pictures

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For the Finest Quality Plus Fast Dependable Service on All Your Photo Needs, Contact the Plant Nearest You.

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KERNERSVILLE	RALEIGH
FAYETTEVILLE	DURHAM

If You Don't Know Photofinishing Know Your Photofinisher

Barb Newman spent 8 years as a community pharmacist. Now she is putting this valuable experience to work as an Upjohn associate product manager. She knows the problems pharmacists have with many packaging and dispensing formats, and with certain promotions. This knowledge helps her promote existing products and bring new drugs to market.

"I am still a community pharmacist, at heart. I know the long hours, dedication, and the tremendous store of drug information they absorb and share so unselfishly." Barb is one of 376 pharmacists at Upjohn who are proud of their role as members of the health care team — and their partnership with your side of the counter. **Upjohn**

EIGHT YEARS ON YOUR SIDE OF THE COUNTER HELPS BARBARA NEWMAN DO HER JOB BETTER.

©The Upjohn Company, Kalamazoo, Michigan 49001

NON-GRADUATE PASSES BOARD OF PHARMACY EXAMS

Ronnie Chandler, 38, of Roxboro, has become the first person in 20 years to pass the NC Board of Pharmacy exam without having gone to pharmacy school.

Chandler admits that passing the exam was no easy task, since he has taken the exam 5 times in the last 2½ years. He passed on his sixth try. David Work, secretary-treasurer of the NC Board of Pharmacy, said that the last time he heard of a non-graduate passing the exam was in the early 1960's. NC State law requires the non-graduate to have completed 2 years of college and must have a minimum of 15 years experience working in a pharmacy under the supervision of a registered pharmacist.

Chandler has worked at Thomas & Oakley Drugs for the past 20 years. Thomas & Oakley first hired Chandler to work behind the soda fountain after Chandler had recently dropped out of ECU. Pharmacist Curtis Oakley took Chandler into the pharmacy after Chandler had worked behind the soda fountain for one year, taught him how to assist in the filling of prescriptions and Chandler soon became a partner in the drugstore along with Wheeler Carver, Sr. and Wheeler Carver, Jr.

Soon after a local pharmacist informed Chandler that he (Chandler) was eligible to take the exam, Chandler set to work on a self-study course, borrowing pharmacy students' notes, reading anything he could find relating to pharmacy, and draining knowledge from different pharmacists. He then purchased a $500 national study guide from a Chicago publishing company. "His wife Debbie confirmed his diligence at studying. 'He really had a lot of determination.' "

His pharmacy experience helped him with the practical problems in the exam, but he continued to have difficulties with the theoretical problems. Work said, "The theoretical portions of the exam require a substantial knowledge of physical sciences; chemistry and pharmacology are not easy sciences."

On Friday, February 27, 1981, Chandler left work and waited 40 minutes for the mailman. When he received the good news he said that he "went into the house, and I got down on my knees and thanked God for letting me pass. All the time I was trying to pass it, I'd never asked God to let me, but I sure did want to thank him for letting it happen. I felt like a kid at Christmas, I really did. I felt so darned good."

PRODUCT DISTRIBUTION POLICY CHANGE

Burroughs Wellcome Co., a pharmaceutical marketer of prescription and consumer products, announces a revision in its "wholesale only" distribution policy.

B. W. Co.,® WITH 80% of its $250 million annual volume in prescription products, ranks third in number of prescriptions written for its products and has ten products in the top 200 new Rx's. A new prescription breakthrough product introduction is anticipated within the next six months and is expected to boost sales significantly.

The consumer market has changed appreciably in the last ten years and the growth and direction of this market will continue to change throughout the '80's. To meet the differing needs of these retail customers, Burroughs Wellcome Co. has decided to sell its consumer products direct to all classes of trade, while continuing to sell its prescription products only through B. W. Co. franchised wholesalers. In a comprehensive study of the B. W. Co. distribution policy by Arthur D. Little, Inc., the results consistently confirmed that, based on their product mix and objectives, the Company's *prescription* business should remain wholesale only. B. W. Co. stays fully committed to this decision both now and in the future. Further surveys, however, recommended a direct sales strategy for their consumer products.

A B.W. Co. two-year test marketing of its consumer products sales to non-drug accounts in the Southeast showed that traditional drugstore sales of SUDAFED® and NEOSPORIN® were not hurt by the expansion into other outlets. In fact, the drugstore sales of these products in the Southeast showed better growth than their respective categories.

To qualify as a direct account, each customer must purchase in case lot size, order in $1,000 minimums for each shipping point and contract to meet the $12,000 annual volume requirements on Burroughs Wellcome Co. consumer products.

(continued on page 31)

HE SAYS HE WON'T PAY YOU.

NOW, WHAT ARE YOU GOING TO DO ABOUT IT?

Tell I.C. System about it. The approved collection service is tough but ethical, efficient and effective. After nearly forty years collecting money for business and professional people, I.C. System can guarantee results. Mail this coupon today to find out why....

The System Works

I. C. COLLECTION SERVICE
North Carolina Pharmaceutical Association
Post Office Box 151
Chapel Hill, North Carolina 27514

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

BIRTHS

John and Martha Nance are happy to announce the birth of their daughter, Emily Grace on June 5, 1981. Emily Grace weighed in at 8 pounds and 9 ounces.

NCPhA GOLF TOURNAMENT WINNERS

The winners of the 1981 Owens-Illinois sponsored golf tournament held during the 1981 NCPhA Convention in Charlotte are:

LOW GROSS

Tom Taylor & Bill Evans (tie)

LOW NET

1. Bob Case
2. Bill Andrews
3. Rusty Hamrick
4. Bill Condor
5. Bill Wilson
6. Frank Fife

LONGEST DRIVE

Tom Taylor

CLOSEST TO THE PIN

Bill Evans

CONGRATULATIONS TO VPHA

To the Virginia Pharmaceutical Association, on the occasion of their 100th anniversary, celebrated at the Cavalier Hotel, at Virginia Beach, June 14-17.

As a token of good will to our sister state to the north, the North Carolina Pharmaceutical Association was pleased to present a case of a good North Carolina product (from Duplin County) to the VPhA. President and Mrs. J. Marshall Sasser attended Tuesday night President's Banquet and made the presentation.

The North Carolina Pharmaceutical Association Centennial Convention was honored to have had three emissaries from Virginia in attendance who presented then-president Joe Miller with a Smithfield (Va.) ham. President Linwood Leavitt, Virginia Beach, incoming president Jim Lamar, Madison, and Executive Director Ken Schafermeyer, Richmond, were gracious guests. Perhaps we should not wait until the Bicentennial Celebration of our respective associations to visit one another.

MARRIAGES

Miss Mickie Lynn Tate and *Mr. Raymond Gerald Mizelle* were married on June 21 with Rev. Ralph Gurganus performing the service. The ceremony was held outside, on the banks of the Albemarle Sound near Plymouth.

The bride is a 1980 graduate of UNC-Chapel Hill and is currently a teacher of advanced English at Lawrence Academy in Merry Hill, N. C. The groom is a 1980 graduate of the UNC School of Pharmacy and is employed as Pharmacist-Manager of Roanoke River Pharmacy in Plymouth.

The couple are residing at Albemarle Beach, the site where the ceremony was held.

Leonard G. Phillipps, Jr., Owens-Illinois, accepts the gavel as incoming president of the Traveling Member's Auxiliary from outgoing president Charles Kimball, W. H. King Drug Co. The presentation was made during the 101st Annual Convention of the North Carolina Pharmaceutical Association held in Charlotte.

photo by Colorcraft

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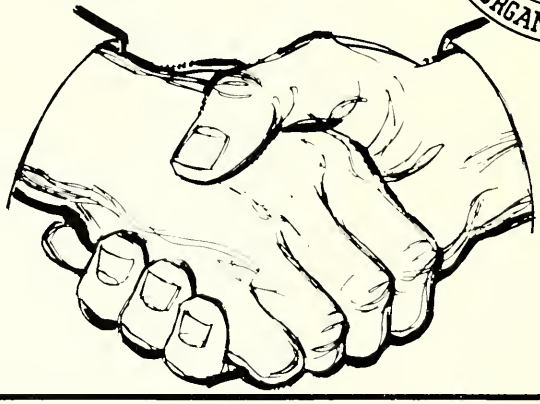
ORGANIZED 1880



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821 Baxter Street—Suite 316
Charlotte, North Carolina 28202
Telephone (704) 333-3764

Washington National
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1981-82 Officers of the Wake County Pharmaceutical Association

Left to right; Bob Allen, Vice President; John Brown, Past President; Al Lockamy, Treasurer; Sarah Clark, Secretary; Darrell Estes, President; David Devine, President Elect.

photo by Colorcraft

(continued from page 27)

B. W. Co. currently has four major products competing in consumer product categories: SUDAFED®, a nasal/sinus decongestant, ranks first among cold tablets sold in drugstores; NEOSPORIN® Ointment, the #1 selling antibacterial ointment in drugstores; EMPIRIN,® a brand with a long history of reliable pain relief; and WELLCORTIN™, a new B. W. Co. entry into the hydrocortisone market.

Burroughs Wellcome Co. expects the new distribution policy to give it the flexibility necessary to continue the growth of both its Rx and its consumer products business.

PHARMACIST WANTED

Northern Piedmont area. Energetic pharmacist interested in permanent position. Opportunity for buy-in after a few years. Competitive salary and good working conditions. Contact: Box C, NCPhA.

PROFESSIONAL SERVICES AVAILABLE

1) Short and Long Term Relief Work (Both hospital and retail pharmacist)
2) Pharmacist Job Placement Service
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Call or Write—Jeff Stillwagon, Mgr.
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Chapel Hill, N. C. 27514
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Need some help during the holidays, or weekends? Call Pharmacy Relief of North Carolina. (919) 967-6496.
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CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of $3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

Drug Store space for lease in Medical Building with doctor and dentist—3,200 square feet—near Winston-Salem 919-767-6328.

RELIEF PHARMACIST AVAILABLE

For Eastern N. C. Retail or hospital. Weekends only. Call (919) 492-3207.

LUXURY BEECH MOUNTAIN CHALET

Three bedrooms—sleeps 11—linens furnished. Recreation facilities—time share —$7,000 annually. One week per quarter, your choice. Or rent by the week. Contact (704) 633-2032.

HOSPITAL PHARMACIST WANTED

300 bed general, medical, surgical hospital in historic Savannah, Ga. Write or call George Beckmann, Vice-president, St. Joseph's Hospital, 11705 Mercy Boulevard, Savannah, Ga. 31406. Telephone (912) 927-5408.

FIXTURES FOR SALE

Complete Rx department fixtures for sale. 16 ft. Rx counter with ss sink. Bays and wall shelving. Vantage II microfiche viewer. Also 36-40 ft. of front wall units with lighted canopy. Call Brantley Norris (919) 642-4302 or 4301.

EQUIPMENT FOR SALE

Pharmaceutical weights, mortars and pestles, graduates, IBM Selectric in excellent condition, Bates Numbering Machine and other items for sale. Write NCPhA or call seller at (919) 762-2713.

PHARMACIST WANTED

For growing independent pharmacy with multiple locations. Must be interested in merchandising and store management. Write Box DCR, NCPhA.

PHARMACIST-MANAGER WANTED

For store opening on or about October 1. Central NC City. Send resume to Box KT, NCPhA.

Pharmacist seeking full time position in Greensboro area. Have experience in retail and hospital pharmacy. Contact Gloria Butler (919) 282-3986.

RELIEF PHARMACIST AVAILABLE

Pharmacist available for relief work in Siler City area—Contact: Henry Dunlap—(919) 742-3215.

MOBILE PHARMACY UNIT FOR SALE: 12′ x 56′. Complete with prescription department and shelving. Contact: Joe Minton (919) 398-3138.

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YOUR FULL LINE SERVICE WHOLESALER

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Our New Cash Plus program offers discounts on all items purchased with no minimum order requirement. In addition, over 250 fastest selling drugs offered below direct manufacturers cost. A system designed to increase inventory turnover and insure profitable margins are being maintained through our item analysis program.

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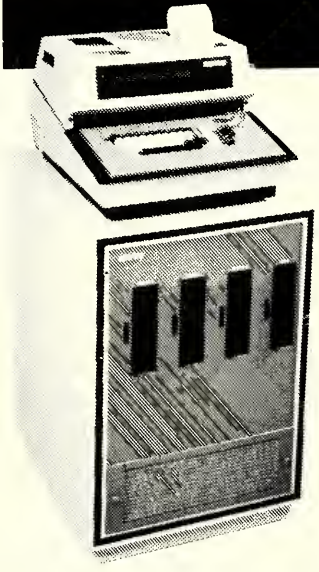

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J. Marshall Sasser, NCPhA President, left, is presented the National Association of Retail Druggists Leadership Award by Jesse M. Pike, NARD President. Photo by Colorcraft

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Reference: 1. Independent Market Research Audit, 12-month data, Aug. 1980, based on drugstore sales of OTC Sudafed 24's and 100's

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MESSAGE FROM MARSHALL

J. Marshall Sasser, President, NCPhA

I can't believe how fast the year is passing. Our committees are beginning to function, and before we know it convention time will be here again. And every year during or after our annual affair I hear "why don't we" or "why didn't we?". . . . Let's change that and call the Institute of Pharmacy *NOW* with those ideas as plans progress. Your thoughts and opinions are always welcome, and this year more than ever, we need a dynamic convention to serve the needs of our members.

One idea we are tossing around is to have that long awaited talent contest, featuring NCPhA, TMA and Auxiliary members and families. We hope this could be a feature of Monday night following the Wholesalers Reception. We also are trying to obtain the most entertaining W.J. Smith Speaker on record for the Sunday night banquet. And we are getting excited about the proposed workshops for your information and education. Remember right now to circle April 4, 5, & 6, 1982 on your Pharmacy calendar. The place—Winston-Salem.

Now, on to other things. Your President, President-Elect, and Executive Director have just returned from the Conference of Southeastern Pharmacy Executives and Officers in Florida, where we shared ideas and knowledge with nine other states. We discussed at length subjects such as long range planning, financing, membership, academics, services, student participation, conventions and relationships with Schools and Boards of Pharmacy, wholesalers and manufacturers. Perennial topics—3rd Party pay, P.P.I.s, Continuing Education, drug product selection, publications and now P.D. and Pharm.D. were also on the agenda.

Though our North Carolina Pharmaceutical Association compared favorably in most areas and superior in some, one deficiency bothered me greatly. It is evident that we are below the desired level of *political influence*, and we have only ourselves to blame. Only one state had a paid lobbyist, the Brother-in-law of the Executive. Yet state after state has a better political track record, electing as many as four Pharmacists to legislatures smaller than ours in North Carolina, and having a massive influence on other representatives, simply because the individual association members *work* at it. It is not "the great organized political machine" but the grass roots work of the dedicated hometown pharmacists that wields the power in several states. The Executive cannot do it; your officers cannot do it! But YOU *can* do it. Get busy and support that candidate or current legislator. Let him know how you feel about the issues that affect you, your profession, your family, and your income.

As each year passes, all Pharmacists come closer to being fed from the *same* spoon. It's time you get off your seats and do *something*.

If it starts with the Association and filters down to each of you what a lessened influence that makes. But if you push your little bit up and on until it flows with hundreds of other little bits, what a volume of attention it could generate. Let us hear from you; we need your ideas and support.

My best to you in Pharmacy!

COMPUTERS: WHAT CAN THEY REALLY DO FOR ME?

Roger L. Davis, Pharm.D., FACA*

At no other time in the history of pharmacy practice has the pharmacist been required to collect, organize, retrieve and disseminate such quantities of information. Multiple factors are responsible for this requirement. First, there has been an unparalleled explosion of information regarding the therapeutic use of medications over the past two decades. The fact that the majority of medications in use today were unknown even thirty years ago is an indication of this growth of knowledge. Not only has the pharmacist been required to become familiar with many new therapeutic agents, but the depth of knowledge required is greatly expanded. Secondly, the pharmacist is required to apply his knowledge regarding therapeutic agents more directly to patient care situations. The re-establishment of a direct patient care role for the pharmacist increases the need to have available more information on monitoring the patient's response to drug therapy. In many settings complicated programs for predicting dosage levels are essential for adequate patient care. The patient expects the pharmacist to provide consultation on the proper administration of their medication and on drug usage in general. In order to provide these and other clinical services, the pharmacist must be freed from the technical aspects of the dispensing of prescriptions. Thirdly, there has been an exponential increase in the amount of paper work required to document the dispensing of a prescription. One element was produced by the stricter accountability required for dispensing controlled substances. Pharmacists must be able to document the receipt and disposition of each controlled substance under their supervision. Another element is the rise in the percentage of prescriptions which are paid for by third party insurance programs. Multiple insurance programs produce multiple claim forms each demanding different types of information. The ability to efficiently process these claim forms impacts the economic viability of a pharmacy operation. Fourthly, unstable and unpredictable economic modules cause the pharmacist to monitor more closely his costs of providing services. The hallmark, for economic survival has become the close scrutiny of inventory levels, turnover rates, account payable records, maintenance of reasonable costs and reduced personnel costs. And last, to meet the needs of these other factors, the pharmacist must dispense more prescriptions.

The ability to competently perform each of these functions demands certain costs of space, manpower and resources. As these needs have developed, many pharmacists have applied temporary solutions which actually increase the total costs of providing pharmacy services significantly. One such mechanism has been to hire non-professional personnel. From the high turnover rate and special educational needs of such personnel coupled with the marginal profits gained from the tasks they perform, the impractical nature of such response has been shown. The only practical solution which allows the concurrent performance of multiple record keeping and business functions, requires less time, frees the pharmacist for direct patient care and incurs a lower cost in the utilization of a computer.

Phenomenal progress in the technical capabilities of the computer has been made since its introduction over thirty years ago. Functions which once required a computer the size of a football field to perform are easily handled now by a computer which can be held in one hand. The introduction of microcircuitry has resulted in the compacting of computer systems which require only a few square feet of space in the prescription department. Probably the most significant advantage that the computer maintains over the human is that it can perform several functions simultaneously and more accurately. For example in the same time required for a pharmacist to type one prescription label, the computer can record the prescription, add it to the patient's profile, review for drug-drug or drug-disease interactions, perform inventory control, prepare a charge record, update the daily business record and type the prescription label.

(Continued on Page 7)

*Dr. Davis is Director of the Nashville Area Unit and Associate Professor, College of Pharmacy, University of Tennessee.

Barb Newman spent 8 years as a community pharmacist. Now she is putting this valuable experience to work as an Upjohn associate product manager. She knows the problems pharmacists have with many packaging and dispensing formats, and with certain promotions. This knowledge helps her promote existing products and bring new drugs to market.

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Computers, contd.

Pharmacists appear to recognize the need to be able to process information more efficiently and to increase their direct patient care involvement by shedding the technical portions of their functions. However, this recognition is only slowly leading pharmacists to integrate computers into their practices. Many reasons exist for this reluctance to embrace innovation. Paramount among these are the cost of a computer system, a lack of knowledge regarding how a computer functions and an incomplete understanding of what tasks a computer can perform. Because a computer system is a significant philosophical and economical investment it is important for a pharmacist to thoroughly explore each of the areas mentioned above. It may very well be that for a particular pharmacy practice, it is not wise to invest in a computer system at the present time. However, the decision to implement or not to implement should not be made subjectively but based on an objective review of future needs.

The first question a pharmacist must review is what functions of my practice could be performed more cost effectively by a computer. Perhaps for a clearer perspective this review should be divided into professional and business management functions. Several professional functions can readily be identified.

1. Patient medication profiles can be established and continuously maintained. A more complete data base can be compiled including past medical history, family medical history, chronic diseases, OTC drug utilization, allergy history and social habits.
2. The patient medication profile can be reviewed for potential adverse effects. Medication allergies can readily be detected. The potential for a drug to interact with other drugs, disease states, foods or laboratory tests can be identified.
3. The frequency of drug usage can be identified and controlled. Too frequent dispensing of a particular prescription or of several different medications having the same pharmacologic effect can be prevented. Potential toxic or adverse effects may be prevented.
4. Patient information on the appropriate manner for administering prescription drugs can be available on a screen for use by the pharmacist when counseling patients. If necessary this information can be printed on an appropriate form to be given to the patient. Auxiliary labels for patient instruction can be printed on the prescription label.
5. Utilization of certain medications can be reviewed. This will assist in identifying the overutilization of a particular medication allowing appropriate educational intervention to occur.
6. Functions of prescription processing can be maintained. The assignment of a prescription number, production of a label, calculation of the prescription price based on current wholesale costs, preparation of insurance and delivery receipts for signature by the pharmacist, and eligibility in third party programs are steps which must be completed for each prescription. Prescription refills also can be handled automatically.

The potential list of business and management functions which can be performed is almost endless. The computer's greatest contributions in the business area are personnel costs savings and provision of reports which allow for closer, continuous assessment of the economic aspects of your pharmacy practice. Potential areas of business and management where a computer can assist are:

1. Preparation of "clean" claim forms for reimbursement from third party insurance programs. The ability to collect third party claims in a timely manner without correctional reprocessing impacts directly on your pharmacy's cash flow. The eligibility of the patient for a particular program can be assessed which prevents the delivery of non-reimbursable services.
2. Charges for prescriptions and other products are added to the patient account at the point of sale. At the end of a specified period, statements may be prepared and printed on all accounts receivable. An important economic aspect of this function is that these statements can be prepared during times when there are no other de-

(Continued on Page 8)

Computers, contd.

mands on the computer and during which it may routinely be non-productive, e.g., during closed hours. Predetermined service charges can be added to each bill automatically when appropriate. The pharmacist is able to provide current information on charge activity to a particular account because payments are reconciled with billings on a continuous basis. When charges to a particular account exceed a particular level or extended periods pass between payments, the computer can suspend activity for these accounts until the proper management decision can be made.

3. Closer scrutiny can be given to inventory levels to prevent an excessive investment. An assessment of current inventory levels are available as often as required. Preparing and then comparing reports on the utilization of prescription drugs will help to regulate purchasing to avoid over/under stocking. Being able to account for quantities of medications dispensed, when and to whom is particularly important for controlled substances. Also desired inventory levels may be created by the pharmacist and when inventory is below these levels automatic reordering can be performed by the computer. With such detailed records, the calculation of inventory turnover rates can be assessed at any interval necessary. If your particular pharmacy practice requires the usage of a large quantity of dated medications, the computer can identify when the expiration dates are approaching to prevent the loss of inventory.
4. Payroll and disbursement records are more easily maintained. Calculation and accounting of various employer taxes and deductions may be performed more reliably. Payment to the various government agencies is facilitated with more accurate records. Statements for items purchased can be paid in a manner which allows the capture of the highest discounts available while holding payment so that your money works for you as long as possible.
5. A report on daily sales can be prepared to allow analysis of growth over other periods and to determine changes which need to be made to improve sales and services in each department.
6. The computer can regulate activities which result in monetary savings or greater security over your investment because they are performed in a more optimum manner. Monitoring heating, air conditioning and lighting levels saves electricity or other fuels, initiation of tablet counting machines; and connections with burglar alarms to contact policemen or firemen would be in this category.
7. A substantial amount of income is lost by pharmacists because they do not recalculate prices on prescription refills often enough to reflect the impact of current wholesale costs. The computer automatically reprices each prescription refill to prevent loss of revenue. The establishment of a prescription price may be calculated using multiple methods depending on the type of patient receiving the prescription.
8. Many pharmacies are involved in providing services to long term care facilities which creates an extraordinary demand for records and documents. Programs can be written for all of these functions which create a hard copy audit trail of the pharmacy's performance. Examples in addition to the regular prescription requirements might be physician order and renewal sheets, emergency medication kit inventories and replacement schedules, medication administration records, drug regimen review reports, policy & procedure manual updates and revisions, nursing station and drug storage report forms, inventory records of medication and equipment and pharmaceutical services review report forms.
9. Special promotional activities can be prepared and printed whether they be an in-house or mailed effort. If frequent mailings are a part of your promotional efforts, current mailing lists of potential patients in your ser-

vice area may be maintained. When mailing labels are needed, little time is required to produce the labels.

10. The most important function is the production and analysis of operating functions, i.e., profit and loss statements, cash flow reports, etc. Review of these reports periodically with your accountant allow for reasonable goals and objectives for your practice to be established. Growth can be planned and controlled.

There are many other functions which computers are capable of performing. A thorough review of your practice may identify other areas where a computer could enhance the services you provide as a pharmacist. You should make a list of these and then rate the need or desirability of each function. If efficiency of the functions you presently perform could be enhanced by a computer, for what are you waiting?

(A future article will deal with the criteria to be reviewed when selecting a computer system.)

PHARMACY STUDENTS COMPLETE INTERNSHIP

Eight pharmacy students completed a summer internship program at Burroughs Wellcome Co.'s manufacturing facilities in Greenville, North Carolina. The 13-week program is sponsored annually by the National Pharmaceutical Council, Inc. to increase pharmacy students' overall knowledge of pharmacy, especially the role of industry.

The 1980 summer interns were: (from left to right)

Seated: Joe Schneider, Burroughs Wellcome Co.; Susan Wobbleton, University of North Carolina; Susan Higgins, University of North Carolina; Robert Smith, University of Cincinnati.

Standing: Patricia Mitchell, University of Montana; Alton Johnson, University of North Carolina; Eric Parker, University of North Carolina; Bruce Ortisi, University of Montana; Allen Lee, Medical University of South Carolina.

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CITIZENS FOIL HOODWINK SCHEME

(Reprinted from OBSERVER-NEWS-ENTERPRISE, Newton, NC)

It's getting tougher and tougher to hoodwink the public these days.

Three black males found their hoodwink scheme foiled Saturday by self-proclaimed "drugstore cowboys," and a citizen bent on community involvement.

The suspects, eventually charged with felonious larceny, tried to swipe drugs from four pharmacies in the Newton-Conover area. Alert shopkeepers and clerks apparently blunted the first three attempts, and although the suspects momentarily achieved success at the fourth, Bowman Drug Co. in Conover, they were all eventually apprehended due to the efforts of a citizen pursuit.

Three males, later identified as William Henry Jackson, Calvin Howard Stifford, and Melvin Douglas McCall, all of Charlotte, first entered City Pharmacy in Newton at 5 p.m., according to police reports, where an employee caught one of them sneaking in the back door.

Pharmacist Don Weathers said one of the men faked an injury trying to keep his attention, while another detained the employee at the soda fountain. Weathers said an employee saw the man at the fountain nodding, and looked in the direction he was nodding.

"She saw a man bent over, coming in the back door. When she went over to him, she said he wanted to use the bathroom and she told him to get out," he said.

The men left in a car parked behind the store, and the employee copied the license number and model of the car.

"It got me mad when I knew I had almost been taken. I realized they were trying to knock drugstores off," Weathers said, adding he call Newton Police Department, and later learned the same men had been in H & W Drug Co. in Newton, and Rexall Drug Store in Newton.

I started thinking which drugstore I should call to alert, and it hit me to call Bowman's. I asked Ken Lawing (pharmacist) "Have you got three black men in the store?' He said he had two. I said, "Well, the third one's in the back."

He put the phone down and flew in the back, then came back saying he'd been robbed.

Missing from Bowman's Drug were two five-milligram and ten-milligram bottles of Valium, and a bottle of Tussinex, cough syrup containing codeine. The Valium was later recovered, but the cough syrup bottle was empty when the men were apprehended.

But Weathers' call alerted police and the sheriff's department to the escaping men, and the resulting call that came over the police scanner also reached Larry Abernathy, at the time of his magistrate's office at the Justice Center.

"When I left to go to supper, driving on Radio Station Road, I saw a car fitting the description with three black men in it behind me. I pulled off the road, and let it pass, and the tag number was the same as the one coming over the scanner," he said.

With his walkie-talkie, Abernathy kept Conover police and sheriff's department cars informed to the location of the vehicle while he tailed it to St. Paul's Church Road near Startown, when the authorities' cars finally reached them.

"I pulled off the road and told them to get them. It was just like on T.V. The officers got out of the cars and drew their guns; it was spectacular," he said.

When Weathers learned of the suspects' apprehension, he said to police, "That'll teach them to mess with these drugstore cowboys."

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LOCAL AND PERSONAL NEWS

Playa Minta, Dominican Republic

Evelyn P. Lloyd, Hillsborough pharmacist and internationally known yachtsperson, has received yet another award for her sailing. At the regatta held off Minita Beach, sailor Lloyd received the gold medal for first place in her sloop, even though hampered by laryngitis.

AYERS ELECTED KE TREASURER

Elizabeth Ayers, Winston-Salem, has been elected to a two year term as national treasurer of Kappa Epsilon, the 11,000 member national pharmacy fraternity, at the recent 33rd biennial convention held in Iowa City, Iowa.

A graduate of the UNC School of Pharmacy, Ayers is a pharmacist at Forsyth Memorial Hospital in Winston-Salem, and is a Preceptor-Instructor for the pharmacy school. She holds memberships in APhA, ASHP, NCPhA, Forsyth Pharmaceutical Society, Rho Chi and Phi Lambda Sigma.

During her Kappa Epsilon service, she has served as President of Lambda Chapter and as Province A liaison. In addition, she has served as KE's North Carolina Alumnae Chapter President and as national by-laws committee chairman for four years.

PHARMACY SCREENING PROGRAMS

Chuck Turner, Hall's Drug Store in Scotland Neck, has been conducting hypertension screening programs for several years with the assistance of a registered nurse. The free screening is done every Wednesday from 9 am until moon and Turner has supplied figures for the past two years.

	Screened	HBP (160/90	LBP (100/50)
1979	1807	406	32
1980	1916	314	23

In addition to the blood pressure screening, urine sugar testing is also done and in 1979 51 cases of excessive urine sugar were discovered. In 1980 only 31 cases were found. Turner prefers having a nurse take the blood pressure rather than use a machine, since his patients like the "Personal" touch.

J. FREEMAN PAYLOR JOINS A. H. ROBINS

J. Freeman Paylor has joined A. H. Robins Company, Richmond-based pharmaceutical firm as a hospital representative .

Paylor, who holds a Bachelor of Arts degree from the University of North Carolina, has been assigned to the company's Southern Region and will be working in the Kinston, North Carolina area.

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REGULATING REAGAN

Editorial, Greensboro Daily News

President Reagan arrived at the White House with an avowed pledge to rid government of "burdensome, unnecessary or counterproductive federal regulations." But the chief executive's zeal to eliminate federal rules has, in a phrase, gone overboard.

Most people would agree with Reagan that federal regulatory agencies have gotten too big for their britches. For years they've indulged the bad habit of issuing a profusion of silly rules that govern, indeed smother, our lives. Rules that specify the size of toilet seats in certain workplaces, the width of a ladder in others. That sort of nonsense.

But the administration now shows signs of getting its priorities mixed up. Not only is it going after the silly stuff, it is also threatening to abolish regulations that are patently needed to protect American health and safety.

Since March the White House has targeted for elimination about 90 rules that are *not* frivolous. These regulations, to mention a few, govern clean air, sexual harassment of working women, public access for the handicapped, sexual discrimination in sports and prescription labels that warn of possible side effects from drugs.

Take drug prescriptions. Pharmacists complain that having to label drugs with information about their usage and side effects requires millions of pieces of paper and makes for higher drug costs. The administration thinks they have a good case. But wouldn't American consumers prefer to pay a few cents more and be confident about what they're swallowing?

Take sexual discrimination in sports. For years boys' sports got the lion's share of the athletic budget. But federal regulations now require that schools and colleges receiving federal aid must not discriminate against women athletes. As a result, a bigger slice of the athletic budgets now goes to women's sports.

Take sexual harassment of working women. Federal regulations prohibit "unwelcome sexual advances" and "verbal sexual conduct." The administration claims these phrases are too vague. If so, then the phrasing should be made more specific—but not abandoned.

The hit list goes on but the point remains clear: The Reagan administration is picking on the wrong targets. For American society to be safe, fair and non-discriminatory, many federal regulations must remain in place. The White House should rethink its priorities.

Editor of the Daily News:

Response To the Editor

In reference to your editorial taking President Reagan's administration to task for eliminating certain federal rules and regulations, I must take exception to your inclusion of the program requiring patient package inserts (PPI's) be dispensed with prescription drugs among those that should not be eliminated. I and many of my colleagues in the practice of pharmacy feel this program was ill conceived from the beginning, and certainly in these times of spiraling health care costs, a patent waste of consumers' and tax payers' dollars.

You ask "Wouldn't American consumers prefer to pay a few cents more and be confident about what they're swallowing?" I take that as an insult to both the pharmacy profession and the people we serve. The practice of pharmacy includes *being certain that anyone to whom medication is dispensed understands what that medication is, how they are to take it, and what possible side effects they should be aware of. The patient always has the right to this information from his physician or pharmacist, and need only ask if any of it is unclear. We do not need a burdensome and expensive federal program to accomplish this objective.*

J. Frank Burton
Secretary-Treasurer Guilford County
Society of Pharmacists

PUBLIC SERVICE ANNOUNCEMENTS

Eli Lilly has furnished the North Carolina Pharmaceutical Association with a supply of pre-recorded public service announcements for radio and television, to be distributed to local stations.

The 30 and 60 second spots are professionally produced and cover subjects such as Medication Records, Side Effects and Drug Misuse. No company name is included and each tape or cassette is personalized with the name of the North Carolina Pharmaceutical Association in the credits.

These announcements are available from the NCPhA at no charge to members. You are encouraged to contact your local radio/TV station and request these spots be used to promote pharmacy.

Perspectives in Pharmacy

Capitation*—Reimbursement for Pharmacy Services

Presented in the interest of better-informed pharmacy.

*Capitation is a system of payment by which a provider receives a fixed amount for services rendered each person for a given time period, usually a month.

Jean Paul Gagnon, R.Ph., Ph.D.
Professor,
Pharmacy Administration
School of Pharmacy
University of North Carolina at Chapel Hill.

"Capitation is not new to pharmacy. As early as 1969, this system of payment was being discussed as a reimbursement method for pharmacy services.

"There are theoretical advantages to pharmacists being paid a fixed monthly rate per patient:

- service and administrative costs could be lowered;

Jean Paul Gagnon, R.Ph., Ph.D.

- pharmacists would be able to consider patient needs first;
- pharmacists could keep abreast of current drug therapies and technology;
- greater continuity of patient care could be provided;
- utilization of high-cost services could be lower;
- more extensive preventive health efforts could be made;
- and more favorable health outcomes might result.

"On the other hand, capitation may stimulate providers to:

- devote fewer hours to patient care;
- refer patients to other facilities more readily;
- be more inflexible and less responsive in dealing with patients;
- screen potential enrollees for health status;
- place profit before services;
- and delay or prolong services.

"There is little documentation to support either the advantages or the disadvantages of capitation to the pharmacy profession. Because its use so far has been limited, capitation needs additional evaluation before a decision concerning its utilization can be made.

"In the long run, after pharmacists have realized 'windfall profits' through implementation of such cost-saving strategies as generic substitution and use of OTC drugs, capitation may be attended by the same problems as the fixed-fee method. It is likely that, in times of tight money, legislators and program administrators would exhibit the same attitudes about capitation as they currently do toward fixed professional fees—they will be tempted to minimize costs by not raising the capitation rate. In fact, because of 'windfall profits' that will be generated in the early years of the capitation

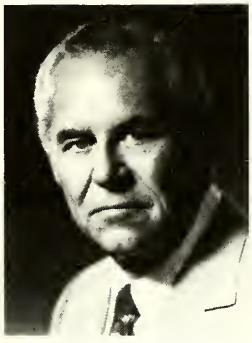
approach, state legislators will probably tend to reduce the rate. At the very least, pharmacists will be asked by legislators to justify rate increases by conducting cost studies of their operations.

"There is as much controversy today about third-party reimbursement for pharmacy services as there was in 1968. Because of federal antitrust laws and the lack of consensus on the part of pharmacists, pharmacy organizations have been unable to convince program administrators of the value of their services and the advantages of competitively determined prices as opposed to a cost-plus approach. In the final analysis, the capitation approach may serve only to delay solution of the reimbursement problem."

Raymond A. Gosselin, R.Ph., Sc.D. President, Massachusetts College of Pharmacy and Allied Health Sciences

"Subjective appraisals of the capitation system are apt to be inconclusive in the short term, because, initially, there would seem to be some advantages, e.g., money up front, no claim forms, etc. But, at some point, pharmacists will have exhausted all opportunities to hold down costs by substituting less expensive drugs, eliminating refills, curtailing overuse, and switching patients to home remedies. Meanwhile, increasing amounts for rent, light, heat, taxes, and the like will have to be paid.

"Program administrators, faced with the need to eliminate the 'fat' from budgets and aware that pharmacists retain any amount left from the initial capitation fee that is not spent on program recipients, would inevitably cut successive annual funding.



Raymond A. Gosselin, R.Ph., Sc.D.

"The bottom line of any proposed capitation system would not be in savings realized by curtailing overuse or by switching patients from prescription drugs to over-the-counter ones but in using less expensive generic drugs. The capitation system, in effect, would be no more than a mechanism for forcing the use of the cheapest drugs available. Making a choice based on price as the sole criterion does not involve professional judgment. Under a capitation system, pharmacists would have to resort to the lowest-priced drugs in order to remain in business.

"As long as pharmacy remains a predominantly private enterprise in this country, and there is little to indicate otherwise, incentives for providing new and better services—including patient consultation and monitoring—need to be positive rather than negative. New activities for pharmacists must be justified in terms of building clientele, increasing volume and business, and earning a reasonable profit.

"Pharmacists can play a major cost-saving role in health care by helping people get well and stay well by means of the proper application of efficacious drug therapy. Billions can be saved in physicians' fees, hospitalization costs, diagnostic tests, and the like by aggressive and positive application of pharmacists' skills. Such expertise is valuable, and pharmacists should be paid for their contribution. The cost of such services is indeed small in relation to the genuine savings in total health care that can be realized."

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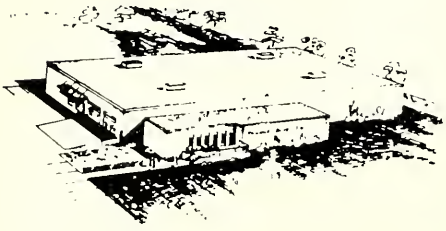

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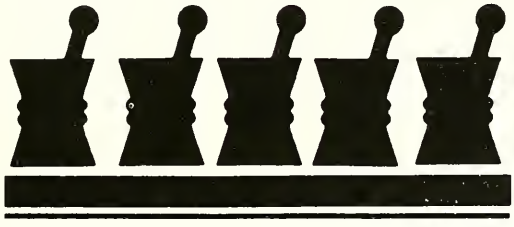

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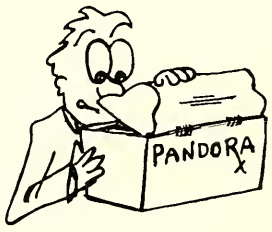

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REPORT

COMMITTEE
on
WOMEN IN PHARMACY

Charlotte, North Carolina
April 26-28, 1981

MEMBERS
Chairman, Priscilla C. Brown, Germanton
Elizabeth Ayers, Winston-Salem
Sara Hackney, Lumberton
Pamela Joyner, Raleigh
Grey White, Burlington
Theresa Michaud, Wilson
Sherry Barbour, Benson
Consultant, Evelyn Lloyd, Hillsborough

The NCPhA Committee on Women in Pharmacy was formed just this year as women pharmacists and NCPhA Officers voiced concern over the barriers women pharmacists face and the resources they present. Meeting Saturday, January 24 in sunny Chapel Hill for the first time, the committee wanted to share with you its first impressions and progress.

What resources do women pharmacists present? What barriers do we face? The committee focused its attention on convention activities, suggesting ways the convention could better meet the needs of women pharmacists:

1. Spouse activities on par with those provided for female spouses
2. Training sessions during scheduled sporting activities (Monday afternoon) on motivation, supervision, public speaking, group dynamics, resume preparation, how to interview, how to give an interview
3. The need for babysitting, if any
4. Reservation forms matching roommates for those females arriving at the convention alone
5. A mechanism (corkboard) to allow members (male or female) to caucus regarding a specific resolution or concern.

How does the Association see women's participation? What efforts could be employed to provide women with leadership opportunities? Providing the nominations committee with resumes or biographical sketches of qualified women was seen as a key mechanism to women pharmacists mobility in leadership in the elected offices. A specific suggestion was that a talent bank of women's resumes be made available to the Association's committee on nominations. Additionally, women should make available their accomplishments to the Journal and should seek to serve the Association in meaningful and *visible* tasks. The Committee also looks forward to having the recommendations of the APhA Task Force on Women in Pharmacy incorporated in its goals for the coming year.

What other issues face women? Where are we going? Of what issues should we be proponents? Suggestions were flexible work time, alternative animal testing of cosmetics, issues facing the legislature (day care, crime control, equitable distribution of property), advertising, upward mobility and monitoring of discrimination.

As time ran out, (a basketball game was beginning in Carmichael Auditorium) the committee expressed interest in obtaining your views and responses to the ideas which surfaced. Would you take time to inform us of the convention programming and Association activities you will support? Did we address the issues which concern you? Share your ideas with me at the convention.

Priscilla C. Brown, Chairman
Women in Pharmacy Committee

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Bowen, Robert Wayne
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Brasfield, Janis Hammett
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Brasfield, Kenneth Hubert, Jr.
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Tennessee

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New Jersey

Bryant, Therman Harold
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South Carolina

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Fogg, Mark Edward
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(Continued on Page 22)

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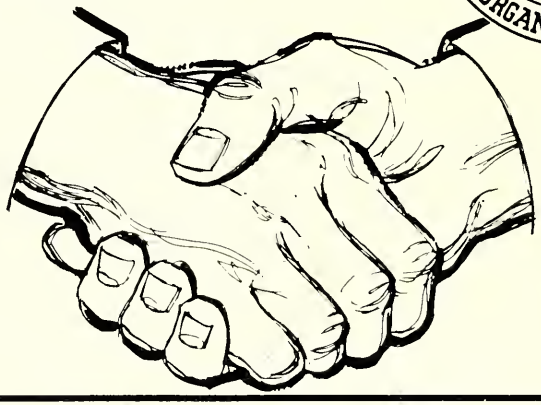

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PHARMACY CRIMES

LOUISBURG

Almost one thousand dollars worth of drugs was stolen from the Revco Drug Sunday night, March 22. Police believe an alarm was set off at another pharmacy to draw officers away from the actual crime site.

BOONE

An armed man robbed the Rite-Aid Pharmacy in the Boone Mall Saturday night, May 30. Two employees were closing the store when the one remaining customer produced a gun and ordered them into the office. After tying the employees, the gunman escaped with an undisclosed amount of cash.

CARY

An undetermined quantity of drugs was reported missing from Ashworth's Drug Store June 12 after the owner Ralph Ashworth discovered broken windows and forced entry. The master lock on the drug cabinet was broken and drugs of high street value such as Percodan and Preluden were taken.

GREENSBORO

A substantial amount of drugs and $100 in cash was stolen from McFall's Hillsdale Park Drug Store Monday, June 22. Police said 48 bottles of prescription drugs were reported missing, after the burglar first tried to enter the store by breaking the glass and sawing a bar on a side door. When that failed the intruder broke through the front door.

FLETCHER

Revco Drug Store was broken into on Monday night, May 25 by someone who cut a hole through the roof. The burglar alarm had been cut near the front door earlier in the day speculated the police, and did not sound a warning. No drugs were apparently stolen but several watches and about $1400 in cash was taken.

DENVER

Denver Pharmacy was broken into Monday, July 27 and the intruder was apprehended by the pharmacist Jerry Ferrell. When Ferrell opened the store just before 9 a.m., he noticed the burglar alarm indicator was not working and became suspicious. A man burst from the stockroom and ran out the front door. Ferrell pursued and caught him across the street and threw him to the ground. The burglar reached in his pocket as if for a knife and Ferrell drew his own knife and put it to the man's throat. The pharmacist tied the man's hands with his belt and led him back to the waiting police.

SWANNANOA

PSA Pharmacy was burglarized and $2600 in cash and coins was stolen. An employee told police he found the money missing on Thursday morning and police said the building was entered through a downstairs window.

SANFORD

Sanford police arrested a man in Bland's Drug Store about midnight, Thursday, June 25 and charged him with breaking and entering. The store alarm alerted police to the intruder who entered through a broken window.

LENOIR

Eckerd Drug Store was the scene of an armed robbery Wednesday, June 10, when a lone gunman escaped with several thousand dollars in cash. The gunman forced the manager to open the store safe at gunpoint and fled on foot.

ROCKINGHAM

Medical Center Pharmacy was entered through a hole in the roof Sunday, June 14 and a large quantity of drugs and other items were reported missing The burglary was discovered on the opening of business Monday.

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COATS

Coats police and the SBI are investigating a break-in at McKnight's Pharmacy Thursday morning, April 23, when an officer and the burglar exchanged gunshots in the early morning hours. The break-in was discovered by the officer on routine patrol when he heard sounds from within the drug store. As he got out of his car, he was fired upon and returned fire. He pursued the burglar on foot until he lost him. Police now believe more than one person was involved in the break-in.

ASHEVILLE

An Asheville woman was arrested Tuesday, June 16 on charges of obtaining Percodan on a forged prescription.

A Virginia man, Robert James Tribble, was sentenced to two life prison terms for the April slaying of pharmacist Eugene Morris. The maximum sentence was for first-degree murder and armed robbery and Tribble will be at least 74 years old before he is eligible for parole. Tribble, 34, was a former mental patient and ex-convict, having served three years in prison for the armed robbery of a Ft. Lauderdale, Florida, pharmacy. He was a fugitive from Oregon at the time of his arrest on April 11.

BREVARD

A New York man was arrested and charged with attempting to obtain Demerol on a forged prescription from Revco Drug Store, Wednesday, April 8.

SELMA

A small quantity of controlled drugs was reported stolen from the office of Dr. P. H. Creech, Friday, July 31. Valium, Demerol and syringes valued at less than $20 were taken.

CHARLOTTE

Charlotte police arrested a Charlotte woman on charges of prescription forgery. She was charged with five counts of forgery of Dilaudid prescriptions filled in Hickory in May, according to police.

EDEN

A forged prescription was presented to Emory Watson of Tri-City Pharmacy Thursday, June 10, but the suspect left before police could be summoned.

MADISON

Two women in Madison have confessed they passed forged prescriptions for Valium on blanks stolen from Moses H. Cone Hospital in Greensboro. The women said an employee of the hospital stole the blanks and showed them how to fill them out.

ASHEBORO

Two men from Mecklenburg County were charged with two counts of fraud to obtain prescription drugs with forged prescriptions in early August. Forged prescriptions for Tussinex Syrup were filled at Mann No. 1 and Revco Drugs but the forgeries were detected at Mann No. 2. The police were notified and the two were arrested as they drove away.

CARY

Mitchell's Pharmacy was broken into Wednesday night, July 29 and Benedryl, Dexedrine and Dilaudid were reported stolen. The rear door was broken and entry was made through it. Three physician's offices were also entered during the same week and the burglaries are believed related.

APEX

Drugs, cash and syringes valued at nearly $600 were stolen from Bennett's Pharmacy early Sunday, July 19. Entry was gained by forcing open the front doors until the bolts cleared the locks. Demerol, Dilaudid and Preludin tablets were among the drugs missing.

The pharmacy was broken into the next Monday and more Demerol tablets were stolen. This time, police surprised the burglar who escaped although injured. Police believe the suspect cut himself while smashing the glass door. Finger prints, footprints and blood stains were lifted from the scene by police and the suspect is known. Damage to the building is $600.

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MARRIAGES AND DEATHS

Trinity United Methodist Church, Red Springs was the setting for the wedding of *Miss Kathryn Ann Thornton* and Edward Garner Sanders on Saturday, July 18. The double-ring ceremony was conducted by the Rev. Al Morris and the Rev. John L. Ryberg of Smithfield.

The bride is a 1981 graduate of the University of North Carolina School of Pharmacy and is employed by Eckerd Drugs of Winston-Salem.

The bridegroom is a 1981 graduate of the University of North Carolina, Chapel Hill and is presently a student at the UNC School of Medicine. The newlyweds will reside in Chapel Hill.

Jeanette Faye Robbins and *Richard Allen Perkins* were married Saturday, July 25th in Tarboro Church of Christ. Timothy Lease officiated at the double-ring ceremony.

The bride is a graduate of the University of North Carolina at Chapel Hill School of Nursing where she received her degree. The groom is a graduate of the University of North Carolina School of Pharmacy and is a pharmacist at Scotland Memorial Hospital.

The couple will make their home in Laurinburg.

Mary Elizabeth McLeon of Yadkinville and *William C. Council, Jr.* of Winston-Salem were married Sunday, June 28 in Center Methodist Church of Yadkinville.

The bride, a graduate of East Tennessee State University teaches third grade at Davie Elementary.

The groom is a 1972 graduate of UNC School of Pharmacy and was a member of the Phi Delta Chi Fraternity. He is presently employed as a pharmacist at Revco Drug Store on Peters Creek Parkway in Winston-Salem. The couple will live in Winston-Salem.

D. R. Davis, Sr., Williamston, died Tuesday, July 14, 1981 in Pitt Memorial Hospital, Greenville. He was 76 years old. Davis operated Davis Pharmacy in Williamston since 1932 and was a graduate of the UNC School of Pharmacy. In 1977 he was honored as the NCPhA Pharmacist of the Year and was a Life Member of the North Carolina Pharmaceutical Association.

Among his many positions and offices in civic and professional organizations were: past-president of the Northeastern Carolina Pharmaceutical Society; director, North Carolina Pharmaceutical Research Foundation; N. C. Academy of Pharmacy; recipient, A. H. Robins Bowl of Hygeia; building committee, Institute of Pharmacy; Vestryman, Church of the Advent; Senior Warden, Junior Warden and secretary, Church of the Advent; vice-president of the Layman's Association of the Episcopal Diocese of Eastern North Carolina; member of the Kiwanis Club for 48 years and past lieutenant governor of Carolinas' Kiwanis District; chairman, Martin County Board of Health; director, Martin Memorial Library; director and vice-president, Williamston Merchants Association; director and co-organizer, Williamston's Heart Fund; and past director, Coastal Plains Heart Fund.

Davis is survived by his wife Edith, son Davis, a pharmacist, and two daughters.

Saint Paul's Lutheran Church in Ridgeway was the setting May 23 for a candlelight ceremony uniting in marriage Miss Debra Lynn White and *Palmer Wook King, Jr.* The Reverends Donald J. Jarobe and Dennis W. Retzlaff officiated the double ring ritual.

The bride is a rising junior at the University of North Carolina at Greensboro where she is majoring in fashion merchandising.

The groom is a graduate of the University of North Carolina School of Pharmacy at Chapel Hill and is currently an assistant manager and pharmacist at Revco in Greensboro. The couple will reside in Greensboro.

PROMOTING YOUR PRESCRIPTION PRACTICE

Every pharmacy's prescription area experiences a certain amount of "turnover" in the patient population it serves due to normal attrition factors, such as patients moving out of the area, patients changing pharmacies for various reasons, and unfortunately death. Just to keep pace with the inevitable loss of patients, pharmacists should promote their practices, thereby hopefully expanding the patient population served.

With the substantial cost of media advertising serving as a limiting factor, some pharmacists "target" certain groups for professional promotion activities. There are numerous methods to by-pass the expensive mass media ads and utilize a more "personal" approach to recruit new patients. Some of these include efforts directed to:

- *Newcomers to the area.* Most local areas have "greeter services" that tell individuals that are new to your area about local businesses and professional services that are available. By subscribing to one of these services, pharmacists can let newcomers know about their practices prior to the time that these potential patients establish their buying habits.
- *New arrivals.* Young families have a very real need for health care expertise. Some pharmacists make a habit of sending a brief personal note congratulating the new parents and explaining the services that their pharmacy offers. In addition, a few pharmacists include a coupon for some inexpensive free gift, such as fever thermometer, in with their personal note. A number of local newspapers usually list new babies several times during the week.
- *New faces in the pharmacy.* When observing a new face in the pharmacy, you may wish to take a little extra time to explain your services to the new patient or give the patient a printed list of pharmacy services. The person that is in the pharmacy for the first time will certainly appreciate all the special attention and may choose the pharmacy's prescription services.

Developing and expanding your pharmacy's patient population is an important step to ensuring the success of your pharmacy. As a professional businessman you must also be concerned with retaining your established patient population. By spending a small amount of time and effort on promoting prescription services to new and established patients you should be pleasantly surprised at the results.

If you have successful promotional activities in your pharmacy that you would like to share with your fellow pharmacists please send them to the Academy of Pharmacy Practice Section on Practice Management.

—Dennis A. Smith, Chairman
Section on Practice Management
APHA

Tom Sanders, President of the TMA Foundation presents a check for $1,000 for the Consolidated Student Loan Fund to Al Mebane, Executive Director, NCPhA. Photo by Colorcraft.

REPORT

COMMITTEE
on
NATIONAL LEGISLATION

Charlotte, North Carolina
April 26-28, 1981

MEMBERS
Chairman, George P. Hager, Chapel Hill
W. James Bickett, Durham
William H. Edmondson, Research Triangle Park
W. Seymour Holt, Indianapolis, IN
Milton W. Skolaut, Chapel Hill
Gerald N. Brunson, Dunwoody, GA
Jesse M. Pike, Concord
Consultant, Clealand F. Baker, Durham
Consultant, Chester J. Cavallito, Hillsborough

The Association's Committee on National Legislation met at the Institute of Pharmacy on January 29-30, 1981. The first session (evening of January 29) was a short informal meeting to make any necessary revisions in the agenda. The agenda, for the most part prepared in advance through correspondence, follows:

I. Drug Information Communication to Patients
II. Reimbursement for Drugs and Pharmaceutical Services Under Federally-Funded Programs
III. New Drug Research and Promotion
IV. New Items
    a) Veterans Administration Pharmacy Services
    b) Pharmacy Robberies Involving Controlled Substances

Following a breakfast at the Institute on January 30, the formal meeting was called to order with the following persons in attendance: W. James Bickett, William H. Edmondson, W. Seymour Holt, Milton W. Skolaut, George P. Hager (Chairman), Clealand F. Baker (Consultant), Chester J. Cavallito (Consultant), and Alfred H. Mebane (Executive Director, N.C.Ph.A.) The following members were unable to attend the meeting: Gerald N. Brunson and Jesse M. Pike.

Drug Information Communication to Patients—A very comprehensive summary—PATIENT PACKAGE INSERTS: PROPOSED, CURRENT, AND ALTERNATIVE PROGRAMS—was presented to the Committee by Dr. Edmondson. Mr. Holt than presented a compilation and an analysis of ALTERNATIVE APPROACHES TO PATIENT DRUG INFORMATION AND COMMUNICATION. Both of these excellent summaries are appended to this report and will be on file at the N.C.Ph.A. office in Chapel Hill. A lengthy discussion of the PPI issue followed the reports by Dr. Edmondson and Mr. Holt and included the hospital pharmacist's viewpoint expressed by Mr. Bickett.

The Committee recommended that the following statement of its position on the PPI issue be considered by the Association and sent to the Honorable Richard S. Schweiker (Secretary of Health and Human Services) with copies to the Honorable Richard A. Eisinger (Director, Office of Management and Budget) and to the North Carolina Congressional Delegation:

> The Patient Package Insert program being implemented by the FDA should be abandoned. As a new feature of the drug information communication system, the PPI program will not be cost-effective and will prove to be counter-productive to its intended health benefits to patients. The program will fail also as it becomes progressively more unacceptable to the physicians and the pharmacists whose

(Continued on next Page)

National Legislation

cooperation is essential for the success of any drug information communication program benefitting their patients.

There is no question about the right and the need of patients to be informed about their prescribed medications in accordance with (1) each patient's *individual* need for the knowledge essential for safe and effective use of medication, (2) each patient's *individual* ability to comprehend the drug information that is pertinent to his case, and (3) each patient's *individual* reliability in complying with his physician's directions for the proper use of his medication.

Effective communication of drug information to patients with needs for information that vary greatly depends on the perceptions, discretion, and expertise of the prescribers and dispensers of medications. Working together, physicians and pharmacists can utilize the modern information resources and communication techniques that are now *already available in the marketplace.* These communication systems with physicians and pharmacists as their mediators will prove to be far more effective and far more efficient than the PPI program mandated by the FDA in assuring the patient's safe and effective pharmacotherapy.

Reimbursement for Drugs and Pharmaceutical Services under Federally-Funded Programs—In the discussion of this item, led by Mr. Baker and Mr. Skolaut, the Committee's concurrence with points made by the N.A.R.D.'s Committee on Model Third Party Programs was evident. The following appeared in the NARD JOURNAL, November, 1980, page 28:

"The number-one problem facing independent pharmacists today is third-party prescription programs, both government and private. Common practice indicates that Medicaid policies and procedures are established. Private third-party programs emulate Medicaid. Every aspect of these programs is designed and implemented without input from independent pharmacists.

"Today, there are 47 different Medicaid programs and an even larger number of private programs. There is no single program that treats pharmacists and patients fairly. Therefore, a model program would be useful to pharmacists.

"The model program would contain the following features:

- Marketplace prices for reimbursement
- Freedom of choice for all patients
- Establishment of a peer review committee to monitor drug utilization
- Pharmacists participation in the formulation of all procedures and policies
- Universal claim form
- Rapid reimbursement
- Simple audit procedures
- Safeguards to protect patients, pharmacists and government from abuse
- Interest on delayed payment
- Computer use in pharmacies, if desired, by the pharmacist
- Liability exemption under mandatory substitution"

A task force on third party programs should be established by the N.C.Ph.A. to evaluate and make recommendations to the Association on third party reimbursement proposals for prescription services.

The new administration is recommending that Medicaid programs be removed from Federal Guidelines, placing full responsibility with the states. If this occurs, the aforementioned task force might effectively work with groups from other health provider associations and state health planners to develop a program that could assure quality health benefits to recipients, with adequate reimbursement to the providers. North Carolina pharmacists might wish to take this initiative.

New Drug Research and Promotion—This item was reviewed for the Committee by Dr. Cavallito. With the changes in the Federal Administration and Congress in 1981, some of the

National Legislation

legislation proposed earlier by Senator Kennedy and Congressman Waxman governing drug regulations will probably not be an issue this year. Two matters that had attracted considerable attention in 1980 and are likely to attract legislative interest in 1981 are the so-called "new-drug lag" in the United States and the development of "orphan drugs."

Scientists within the innovative pharmaceutical industry, clinical scientists in university research centers, as well as economists have been critical of certain post-1962 drug regulations and their mode of implementation in terms of significantly retarding the introduction of new drugs in the United States. Such new products usually were available in other countries several years earlier than in the U. S.

In response to a request from a Committee of Congress, the General Accounting Office (G.A.O.) issued a report in 1980 covering its review of FDA drug approval processes. The FDA was definitely implicated as a major contributor in causing delays in availability of new drugs to the public.

Congressman James A. Scheuer (D., N. Y.) has been particularly active in seeking means for resolving the new drug lag. It is likely that he will continue to press for resolutions during 1981. Among proposals that merit the Association's consideration and support are the following:

1) Clarification of the circumstances under which foreign study data on new drugs will be accepted by the FDA.

2) Reduction of FDA's involvement in the earliest stages of clinical investigations of drugs. Such studies are already subject to review by Institutional Review Committees. Greater flexibility is preferred to that currently permitted.

3) Greater reliance on opinions of expert committees advisory to FDA.

4) Reduction in clinical phase III requirements with evolution of appropriate post-marketing surveillance procedures.

5) Use of the "developing" NDA concept to reduce wasted time and effort in new drug development.

6) Patent laws should be considered subject to revision for those products in which substantial delays in market introduction result from regulatory demands. Additional patent life may be needed (or initiation of patent life from a different starting point) for products such as drugs, food additives, pesticides, etc., for which lengthy pre-marketing testing requirements are imposed by regulations.

The term "orphan drugs" has been applied to drugs which, following discovery, purportedly are not developed to marketing because of insufficient commercial promise. It has been alleged by some that the pharmaceutical industry has no longer been developing new drugs of minor commercial importance because of the expensive and lengthy resource commitments required in the development of new drugs. Proposed resolutions have been forthcoming from a variety of sources and this question is likely to be addressed again in 1981.

Positions on orphan drugs may need to be taken at such time that specific proposals appear to attract legislation action. (Congresswoman Holtzmann was active in this area in 1980 but is not in the present Congress.) Among factors to consider are the following:

1) Is there truly a problem? Some industry spokesmen report that there has not been a decline in the introduction of so-called "service" drugs.

2) The proposal that government assume development of such drugs is objectionable from a number of perspectives. Government appropriately should support research and encourage development, but government should not get into the drug business.

3) Special patent provisions, such as extending patent life, are of no value since extending the period of sole marketing of unprofitable products adds little to the innovator's incentive.

4) In some disease situations, it is not the small market or economic disincentives that keep new drugs from being developed, but other compelling factors are involved. For example: a) For some diseases there is a lack of meaningful laboratory testing methods to aid in the empirical search for new drug leads, e.g., muscular dystrophy, Tay-Sachs disease, etc. Such diseases

(Continued on Page 34)

require more research on understanding disease causes at the molecular level to point toward rational approaches to drug discovery. (b) Some diseases, particularly in the tropics, are only temporarily aided by drugs, and other public health measures would be more productive. This is particularly true of vector-borne diseases. (c) Industry has been criticized as neglecting new drugs that would be used primarily in economically disadvantaged countries. In many developing countries, priority of needs is likely to be less for drugs than for food (adequate nutrition) and sanitation. (d) A variety of other suggestions have been offered from narrow perspectives and are of limited potential.

With regard to "orphan drugs," there needs to be more evidence that there is a problem solely based on economics. Some of the proposed resolutions are unlikely to generate much support. If specific legislation is proposed, it should be analyzed for comment. Of more importance generally would be a streamlining of the regulatory process covering all drugs under development.

An "orphan" category of new drugs or even appropriate dosage forms of old drugs in that covering pediatric products. Clearer regulatory guidelines for evaluation of such products could be helpful. A related "orphan" category is that of drugs for use in pregnant women. With children and pregnant women, ethical and legal as well as medical constraints and principles complicate the drug development process. Resolution will require multidisciplinary cooperation.

The N.C.Ph.A. Committee on National Legislation agrees that the aforementioned new drug research issues are appropriate for continuing attention by the Association.

Veterans Administration Pharmacy Services—Mr. Mebane brought to the attention of the Committee a letter sent to North Carolina pharmacists by H. T. Porterfield, Chief—Medical Administration Service, Veterans Administration, involving a change in the method of reimbursement for pharmacist services to veterans and emphasizing the fact that no maintenance medication costs incurred by veterans would be reimbursed by the V.A. In the past, the V. A. had allowed qualified veterans to have their prescriptions dispensed by their hometown pharmacists and the pharmacists were paid the marketplace price for their services. Following the meeting of the Committee, Mr. Mebane brought this matter to the attention of the members of the North Carolina Congressional Delegation, informing them that limiting the hometown pharmacists services to emergency prescriptions only and reimbursement at a level lower than Medicaid are unacceptable to many pharmacists (as indicated by accompanying copies of letter(s) from pharmacists—in each Congressman's district when possible). Mr. Mebane requested the North Carolina Congressmen to support legislation that would insure freedom of choice for veterans and adequate fees for veterans' prescriptions.

Pharmacy Robberies Involving Controlled Substances—The Committee discussed the current initiatives (as that of the N.A.R.D.) towards legislation that would make robberies involving controlled substances a federal offense. It was pointed out that legislation to help control crimes of this type regardless of the locus of the crime—community pharmacy, hospital pharmacy, or other—is urgently needed. The Committee concluded that the Executive Director of the N.C.Ph.A. should be authorized by the Association as promptly as possible to request the members of the North Carolina Congressional Delegation to support appropriate legislation to deter robberies involving controlled substances that are committed at the local level.

Grateful acknowledgement not only for their diligent efforts in arranging the meeting of the Committee but, as well, their cordial hospitality as the Committee met are due Mr. and Mrs. Mebane and the staff of the Institute of Pharmacy.

Respectfully submitted,

George P. Hager
Chairman-Committee on National Legislation

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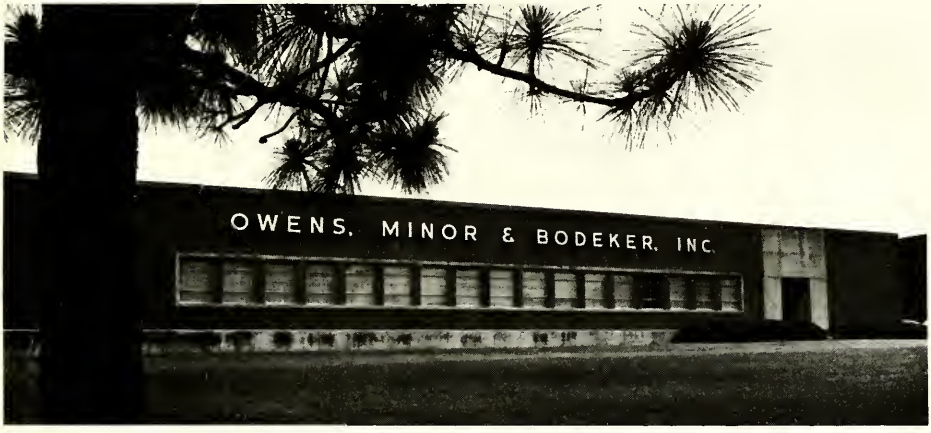

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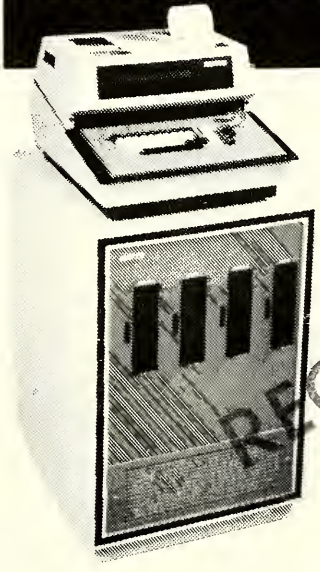

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Jack G. Watts, Immediate Past-President, North Carolina Pharmaceutical Association, presents the Mortar-and-Pestle Award to Harold Vann Day, 1981 Pharmacist-of-the Year (left). Story and pictures page 5. Photo by Colorcraft

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MESSAGE FROM MARSHALL

J. Marshall Sasser, President, NCPhA

The life blood of the North Carolina Pharmaceutical Association is the work of our committees, the progress they make, and the reports and resolutions they produce. Without the untiring effort of these dedicated members, who give of their talents, their time and their travel, we would have little to show for our year except for the election of our officers and an annual convention.

Your Committees are ready functioning, the Legislative Committee having met before the early fall session of the North Carolina General Assembly. A list of these committees and members are contained in this journal. Please save this and use it often.

We need desperately the input of every one of our members into our plans and programs. Look at the list, locate the chairman or nearby member and let that pharmacist know your thoughts on subjects of interest to that committee.

We are asking each committee to have an early fall meeting to share suggestions for topics that need to be addressed by our Association. Over the next few months, these ideas should be expanded upon, research done and reports and resolutions produced. We hope each committee will generate great volumes of mail materials from member to member. Again, I urge you to give that fellow pharmacist a personal call about whatever you have in mind. He or she will be glad to hear from you.

We are also recommending that the last meeting of each committee be held by late winter so that results can be finalized early enough to circulate copies of reports and resolutions prior to and during our annual convention.

We are confident that several controversial resolutions will appear at the 1982 Pharmaceutical Convention in Winston-Salem, so again put down the dates of April 4, 5, 6, 1982. It is not too early to start making plans now. Mark your calendar today!

DAY HONORED AT MORTAR-AND-PESTLE DINNER

Harold Vann Day, Spruce Pine, was honored as the 1981 North Carolina Pharmacist-of-the-Year at the Mortar-and-Pestle Dinner held at The Chalet, Little Switzerland, Saturday night, August 1.

Tributes to Day were given by long-time personal and professional friends and colleagues, and included Paul H. Broyhill, Lenoir, president of Broyhill Industries, David G. Blevins, Spruce Pine, president of D. O. Blevins Sons, Inc., David D. Claytor, Greensboro, Clinical Associate Professor, AHEC UNC School of Pharmacy, and David R. Work, Chapel Hill, Secretary-Treasurer, N. C. Board of Pharmacy.

Blevins, who grew up in Spruce Pine with the recipient, told of Day's early life. He said that Harold was a successful person even in those days, since his street was one of the first paved by the WPA during the Depression. He spoke of the pleasant memories of afternoons and nights spent in Day's Drug Store on Locust Street and the compassion shown by Harold's father to the youth of the town. He told of Day's experiences in the Air Force up in New England. He also told of the many contributions to Spruce Pine made by Day, as president of the Chamber of Commerce and in other capacities.

Claytor, associated with Day on the N. C. Board of Pharmacy, for many years, spoke of the many interests of Mr. Day, including flying, singing, and others. Harold picked his grandparents well said Claytor. That's the only way he could have turned out this well. Serving over 20 years on the Board of Pharmacy has resulted in many sacrifices for Harold including a 400 mile round trip. Harold has always had the support of his family for his work on the Board, which has made it possible for him to attend as many of the scheduled meetings as he has.

David Work said that Day is a man of strong principles, conservative individual and attended his first Board meeting as a member May 15, 1961. Day has been present at 42% of all the meetings the N. C. Board of Pharmacy has ever held, said Work, having attended meeting #305 as his first meeting in 1961 and the latest meeting attended, #521. He has driven over 100,000 miles as a Board member. He has the longest record of service in modern times. Work concluded his remarks by saying that Harold Day had always been a gentleman and a gentle man.

Paul Broyhill said it was appropriate for the Pharmaceutical Association to recognize the Day family for fullfilling a longtime pharmacy tradition. Both Harold and Barbara were practically raised in a drug store, since their respective fathers were pharmacists. Now there are two more pharmacists in the family—Vann and Chris, their sons. Daughter Amanda has not evidenced an interest in the profession . . . yet.

TO HAROLD

by Faye Broyhill

What a fine occasion this *is*
For Harold Vann Day and his *Ms.*
And children three; Amanda, Chris and Vann.
I would never want to be *flippant*
About the 1981 Mortar and Pestle *recipient.*
As a pharmacist, Harold is *great*
And his wife isn't such a bad pharmacist's *mate.*
About community and church *affairs*
We know they are involved and vitally *care.*
And you who are in the profession of *pharmacy*
Would know much better than *me*
Of Harold's continuing *dedication*
To always upholding the pharmacy *profession.*
But I think he is the best, you *see*
Because we are *family.*
Harold, *I love you* (the only thing I could possibly think of that rhymes with I love you is—

CAROLINA BLUE!

(Continued on page 7)

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Pharmacist-of-the-Year Program Participants. Left to right, standing, D. G. Glevins, David D. Claytor, Paul H. Broyhill, David R. Work. Seated, Jack G. Watts, Harold Vann Day, Marshall Sasser. Photo by Colorcraft.

J. Marshall Sasser, president of the North Carolina Pharmaceutical Association, presided at the dinner program. The Mortar-and-Pestle Award was presented to Mr. Day by Jack G. Watts, immediate past-president of the NCPhA.

A native of Spruce Pine, Day is a 1952 graduate of the UNC School of Pharmacy and a member of the Kappa Psi Fraternity. He is owner of Day's Drug Store and is Director of Pharmacy at Spruce Pine Community Hospital. He is the immediate past-president of the NC Board of Pharmacy, on which he has served since 1961. Day is a member of the Internship Tripartite Committee, Mitchell County Morehead Award Committee, American Pharmaceutical Association, the National Association of Boards of Pharmacy and the North Carolina Pharmaceutical Association. He was the first North Carolina recipient of the Robins "Bowl of Hygeia" Award. Day is a member of the Spruce Pine United Methodist Church where he has been a lay leader for eight years and a member of the choir for 25 years. He has been a member of the local School Board for 15 years. He is a veteran of the U. S. Air Force and a Captain Reserve Retired. He received the Jaycees Distinguished Service Award in 1962 and is a Director of the Northwestern Bank. He is married to the former Barbara Arnold of Raleigh and they have three children: Vann, a 1978 graduate of the UNC School of Pharmacy; Chris, a 1981 graduate of the UNC School of Pharmacy; and Amanda, a sophomore at Appalachian State University.

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We hear you, Wesley Shelton

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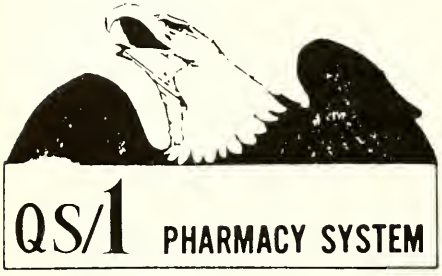

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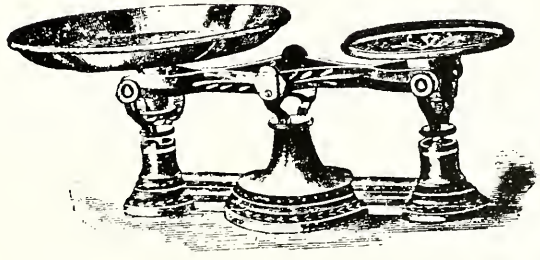

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TMA officers installed by Reuben Russell.
Left to right: Reuben Russell; Len Philipps, president; Rusty Hamrick, 1st vice-president; by Roy Moss, 2nd vice-president; L. M. McCombs, secretary-treasurer; Dave McGowan, assistant secretary-treasurer. Photo by Colorcraft.

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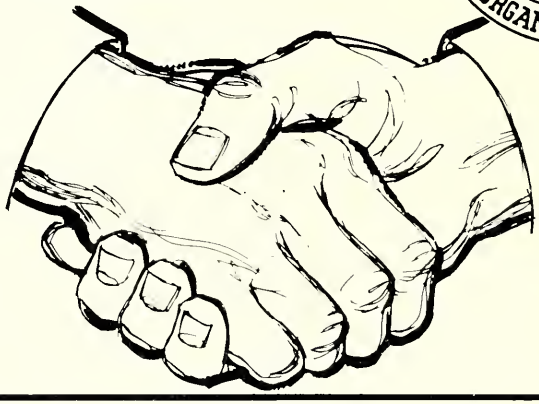

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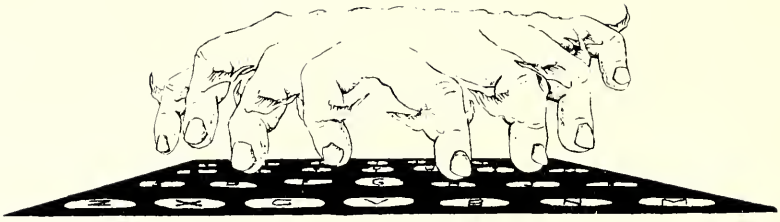

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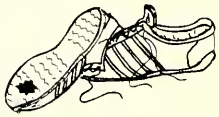

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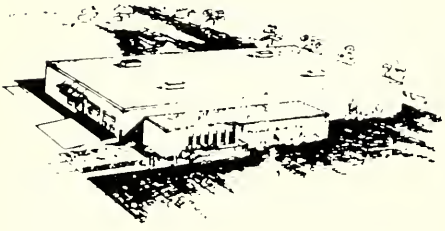

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L. M. McCombs ..... P. O. Box 7, Creedmoor, NC 27522
David F. McGowan .. 803 Old Mill Road, Chapel Hill, NC 27514
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C. G. Perry ..... 506 Peach St., Kannapolis, NC 28081
F. F. Potter ..... 1227 Wendover Rd., Charlotte, NC 28211
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Reuben C. Russell ... 5431 Providence Rd., Charlotte, NC 28211
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H. C. Starling ..... 1909 St. Mary's St., Raleigh, NC 27608
T. K. Steele ..... 2431 Randolph Rd., Charlotte, NC 28201
Herbert Taylor ..... 113 West Grace St., Williamston, NC 27892
O. C. Trogdon ..... 534 University Drive, Greensboro, NC 27403
A. C. Vickers ..... 1250 Partridge Rd., Spartanburg, SC 29302
T. B. Waugh ..... Route 1, Box 88-A, Climax, NC 27233
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Cecil Williamston ... 502 B, 25th St., Wilmington, NC 28405

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

ScRipt

Dean Tom S. Miya

DEAN'S MESSAGE

Welcome back to Chapel Hill. By the time this has been printed, you will be well into the semester. I hope that you are finding rehabilitated Beard Hall more conducive to the educational process. The renovations were made possible with your dollars and it is my hope that you will be active participants in its maintenance. We will be setting a date for what we hope to become an annual Parents' Day. I hope that you will take this opportunity to urge your parents and family to attend. Our refurbished environment mirrors the changing practice and status of pharmacy and serves as a reminder that we are entering the second century of pharmacy education at Chapel Hill.

As I write this message on the eve of the Fall semester, we are operating on a continuation budget until October. As many of you know, the School's budget has traditionally served the fiscal year of July 1-June 30. This situation is not unique and I am reminded of the message which was delivered in mid-June by the outgoing Director of the National Institutes of Health. In part, he targeted his remarks to fiscal problems. For example, maintaining excellence as we adapt to zero growth budgets will require more of us than in the past. He also stressed the need to balance parochial objectives with communal provision of resources to maintain our strengths.

I look to the future with optimism knowing that I can rely on the students as well as all pharmacists and friends.

NEW FACULTY

TIMOTHY J. IVES, whose practice interests are in the areas of ambulatory care and family practice, joined the Division of Pharmacy Practice as Clinical Assistant Professor in May 1981. He is serving as Pharmacist at the Prospect Hill branch of the Orange-Chatham Comprehensive Health Services.

Dr. Ives received his Pharm.D. degree from the University of Florida in 1979. He also earned a B.S. in Chemistry (1974) and a B.S. in Pharmacy (1977) from the University of Florida. He comes to us from the Medical University of South Carolina where he held the position of Assistant Professor of Pharmacy in the Departments of Pharmacy Practice and Family Practice. In 1979-80, he was Director of Pharmacy Services and Medical Clinic Coordinator at the Drug Abuse Treatment Center in Salt Lake City, Utah.

Dr. Ives' research interests include pharmacokinetics and adverse drug reactions. He is particularly looking forward to the opportunity to apply pharmacokinetic principles in the clinical setting at Prospect Hill.

During his spare time, Dr. Ives enjoys golf, photography, and running. Currently, he is recuperating from an ankle injury, so his 10,000 meter runs have been curtailed for awhile. He is trying to adhere to a prescription of light jogging.

Dr. Ives discussing a prescription with a patient.

CLASS OF '84

Orientation for the 178 3/5 students entering the School of Pharmacy was held August 17 and 18—one week prior to the start of classes. It is interesting to note that 63% of the new students are women, making this the fifth year in a row that female students have outnumbered males. Another interesting point is that one-fourth of the class has previous degrees.

According to Associate Dean LeRoy Werley "This increase in both women and the numbers of students with previous degrees is expected to continue. This is based in part on two factors: many women are now seeking professional roles; and those with previous degrees are often searching for a more rewarding profession."

GERIATRIC CARE

At their summer executive meeting, SAPhA officers decided to conduct a statewide project on geriatric care during 1981-82. All organizations at the School will be invited to participate.

This is the third year in a row that the students at the School of Pharmacy have become involved in statewide health care. Their 1979-80 program concerned preventing accidental poisonings, particularly in children under age five. Their 1980-81 campaign was venereal disease awareness. Both years the American Association of Colleges of Pharmacy honored the programs by awarding them first and second place (respectively) in their National Student Public Awareness Competitions.

The geriatric care project is still in the planning stages. If you, as practitioners, have any suggestions about improving health care for the elderly in North Carolina, please contact Susan Lee, SAPhA President, or Abraham, Hartzema and Carolyn Clayton, faculty advisors for the geriatric care program.

ScRipt

WITH THE FACULTY

DEAN TOM S. MIYA and DR. JACK K. WIER attended the NCPhA Pharmacist of the Year dinner honoring Harold Van Day in Little Switzerland on August 1. The previous evening, DR. WIER represented the School at the annual meeting of the Lenoir County Pharmaceutical Society.

DRS. LARRY J. LOEFFLER and IRIS H. HALL published, with former Ph.D. candidate Mark H. Holshouser, "Synthesis and Antitumor Activity of a Series of Sulfone Analogues of 1,4-Naphthoquinone" in Volume 24 of the *Journal of Medicinal Chemistry*. On August 27 DR. LOEFFLER presented research completed by himself, Gregory A. Conway (Ph.D. Candidate) and IRIS H. HALL, at the 182nd National Meeting of the American Chemical Society held in New York. The paper was entitled "Synthesis and Antitumor Activity of Aziridine Substituted 1-H-Indazole-4, 7-Diones."

DR. JEAN PAUL GAGNON presented a paper on "Faculty Teaching: A Strategy for Improvement" at the Annual Meeting of the American Association of Colleges of Pharmacy held June 28-July 1 in Scottsdale, Arizona. CHARLES C. PULLIAM and Michael K. Jolly (former student) also authored the paper.

DR. RAYMOND JANG spoke to the Wilmington AHEC on June 14 on the topic "Practicum on Patient Counseling." He also presented a workshop on "Effective Clinical Teaching" at Burroughs Wellcome Co. (May 28), at Catawba Hospital (June 3), and at Lenoir Hospital (June 11).

DR. RICHARD J. KOWALSKY presented four lectures on radiopharmaceutical chemistry as a visiting professor to the Department of Nuclear Medicine at the M.S. Hershey Medical Center in Hershey, Pa. on May 14.

On June 16, DR. JAMES L. OLSEN, travelled to Eli Lilly & Co. in Indianapolis where he served as a technical editor on the film "The Role of Manufacturing in Product Quality."

DRS. DALE ERIC WURSTER and WILLIAM A. WARGIN published, with Martin DeBeradinis, Jr. (Ph.D. candidate), "Automated Dissolution Testing of a Combination Drug Product Using High-Pressure Liquid Chromatography," in the *Journal of Pharmaceutical Sciences*, Volume 70.

The Pharmaceutical Manufacturer's Association selected three of our faculty from pharmacy schools nationwide to participate in two-week programs at major pharmaceutical companies. The programs were designed for faculty to study virtually all aspects of pharmaceutical industry and to give insight into how pharmacy schools can educate students for industrial practice. Dr. RALPH H. RAASCH participated in the program at Norwich-Eaton Pharmaceuticals in Norwich NY July 12-24. FRED M. ECKEL and STEPHEN M. CAIOLA participated in a similar program at Merck, Sharp, and Dohme in West Point, PA from August 17-August 28.

FRED M. ECKEL served on a panel discussing current issues affecting the pharmacy profession at the AACP District III Annual Meeting held August 9-11 in Charleston SC. DEAN TOM MIYA, ASSOCIATE DEAN LEROY WERLEY, DRS. GEORGE COCOLAS and ARTHUR McBAY, and CLAUDE U. PAOLONI also attended the meeting.

NEW JOHNSTON SCHOLARS

Three pharmacy students have recently been named James M. Johnston Scholars: LISA ELVINGTON, CHARLOTTE MATHENY, AND WILLIAM STEWART.

The James M. Johnston Program, which provides $700,000 in scholarships each year, is the largest scholarship program awarded by the University. Johnston Scholarships are awarded to undergraduate students on the basis of financial need and outstanding academic achievements and potential. The donor, the late James M. Johnston, was a native of Orange County and a prominent investment banker in Washington, DC, at the time of his death in 1967.

LISA ELVINGTON (3/5) is from Fair Bluff, NC. In high school, she received the outstanding student award. She transferred to the School of Pharmacy after two years at UNC-Greensboro where she was a Katharine Smith Reynolds Scholar.

CHARLOTTE MATHENY (3/5) from Kan-

napolis, NC, studied pre-pharmacy at UNC-CH. She has been active in the Inter-Varsity Christian Fellowship and the UNC Concert Band.

WILLIAM STEWART (4/5) studied pre-pharmacy at Duke University and served as a pharmacy technician at Forsyth Memorial Hospital in Winston-Salem, NC. He is currently assisting Dr. K. H. Lee with plant extractions and working with Dr. Iris Hall in her research with antineoplastic and hypolipidemic agents.

These three new Johnston Scholars join two other pharmacy students who are already receiving Johnston Awards: DAVID SPIVEY (3/5) from Goldsboro, NC, and SHEILA WHITEHEAD (4/5) from Pikeville, NC.

NEW FACULTY

Dr. Hartzema in his new office.

In July 1981, ABRAHAM G. HARTZEMA joined the faculty of the Division of Pharmacy Administration as Assistant Professor. He received both his undergraduate degree and doctorate in pharmacy, which is equivalent to our Pharm. D. degree, from the State University of Utrecht in the Netherlands.

Dr. Hartzema's primary interest is in the application of social theories to pharmacy practice. He was able to serve in this capacity in his home country as a member of the Scientific Planning Committee for Pharmaceutical Care, under the auspices of the Democratic Party.

In 1976, he attended the University of Washington at Seattle as a Fulbright Scholar, where he received a Master of Science in Public Health (Health Services) degree. There he conducted research with the School of Pharmacy in the area of pharmacists' decision-making processes and physician prescribing patterns.

In 1978, he went to the University of Minnesota where he earned a Ph.D. in Social and Administrative Pharmacy (1981).

Currently, Dr. Hartzema, with Dr. Jean Paul Gagnon, is looking at pharmacist substitution behavior. He hopes to study over-the-counter drug use in pregnancy and also (in cooperation with the School of Public Health) the role of the pharmacist in preventive health care.

This fall Dr. Hartzema will be conducting Pharm. Ad 97, Computer Use in Pharmacy, and co-teaching the new graduate course, Drugs and Health Care, with Dr. Ray Jang. As time permits, he will also be pursuing his hobby of water sports (walking in the rain to the Health Sciences Library)!

When asked what he likes best about moving into Chapel Hill, Dr. Hartzema responded he "particularly likes the intellectually stimulating atmosphere at the School of Pharmacy."

GRANTS

Three major grants were awarded to the School of Pharmacy during the summer:

Dr. K. H. LEE was awarded $85,152 from the National Cancer Institute, NIH for his research on plant anti-tumor agents.

DR. IRIS H. HALL received $41,924 from the National Heart, Lung, and Blood Institute, NIH for research with "Antihyperlipidemic Phthalimide Analogues."

STEPHEN M. CAIOLA received $17,000 from SmithKline Corporation to study "The Clinical Pharmacy Faculty Member/Practitioner in the Family Practice Center."

ACADEMIC EXTERNSHIP PROGRAM

Since the dawn of pharmacy, it has been clear that didactic instruction is not enough—pharmacists must always learn by doing. The Academic Externship Program (AEP) at the School of Pharmacy is structured "to assure that each student develops the technical skills, professional judgment and competency necessary for entry into the profession."

Since Fall 1977 the Program has provided 15 weeks of practical experience for fifth-year pharmacy students. The students average a minimum of 40 hours per week and select either 10 weeks in a community practice and 5 weeks in a hospital setting or vice versa. (This year a modified summer externship has been developed for those students who become Pharm.D. candidates at the end of their fourth year.)

AHEC field faculty serve as regional coordinators for the voluntary faculty of practitioner-instructors (P-I's) who train the students. There are currently 145 practitioner-instructors at 116 rotation sites. The present externship system encourages an open learning/teaching environment shared between students and their P-I's. This shared AEP experience is often the catalyst that transforms the extern from student to pharmacist, as evidenced by the following recent comments.

"He worked very hard to make my 5 weeks there a good learning experience."

"I was really inspired by the enthusiasm and motivation of the two pharmacists toward teaching students and helping them with their weakness. They showed a genuine concern for each student."

"The P-I working with me is patient, intelligent and enjoys her job. She communicates well with physicians, patients, colleagues, staff, and students; is respected and considered knowledgeable. She is a true professional and an asset to pharmacy."

"The R.Ph.'s there were interested enough in pharmacy to keep up with new drugs and developments. They often asked probing questions which made me think and learn."

"I learned really for the first time the proper way of approaching patients and answering their questions in ways they can understand."

"The AHEC Pharmacist expertise enabled me to have a good understanding of the need for pharmacy clinicians in the Health Care area."

"As a result of frequent quizzing by my P-Is, I have learned a lot about OTCs, prescription drugs, business management, etc."

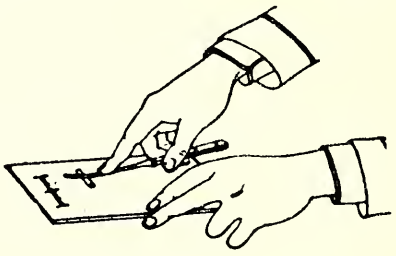
"I have learned a great deal in the past few weeks and have no doubt that the attitude of those around me has helped a lot.This is my first experience with institutional pharmacy, and my attitudes towards it have really changed. I now feel that this is probably the best place for me."

"I gained an experience I'll never forget. I worked hard and many hours but enjoyed all of it."

ANYBODY THERE?

This is a story about four men—Everybody, Somebody, Anybody and Nobody. There was an important job to be done and Everybody was asked to do it. Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that, because it was Everybody's job. Everybody thought that Anybody could do it, and Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when actually Nobody blamed Anybody. Does this little ditty sound familiar to Anybody?

Reprinted from the *Chronicle*,
Albany College of Pharmacy



PROUD TO BE A PHARMACIST?

Of course, you are. And why don't you show it on your bumper or the shoulder of your uniform?

SAPhA is offering Carolina blue (and white) embroidered patches with the School of Pharmacy logo for only $2 each or 3 for $5 (see photo).

Also, the *pHarm-pHacs* staff, who publish the school's in-house newsletter, are offering bumper stickers for the unbelievably low price of $1.00 each. The stickers are (of course) in bright Carolina blue with white lettering and quote the proverb:

"PHARMACISTS NEVER DIE
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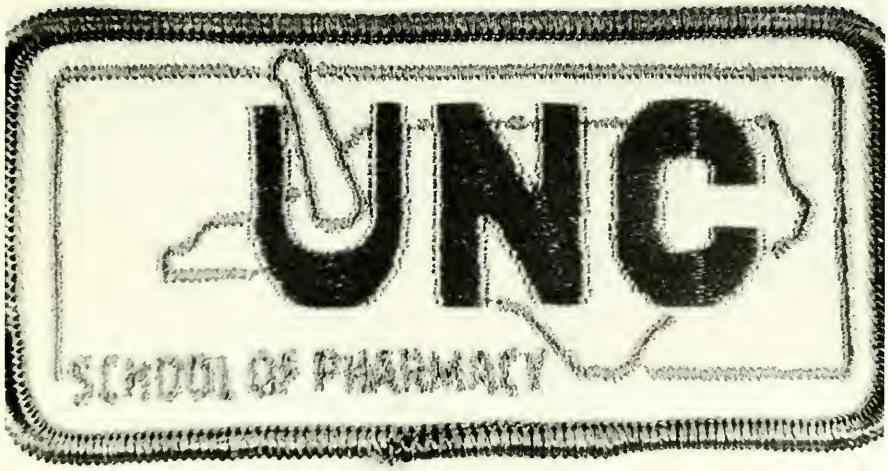

Don't forget to place your order!

REPORT

COMMITTEE on CONTINUING EDUCATION

Charlotte, North Carolina
April 26-28, 1981

MEMBERS

Chairman, Ginger Lockamy, Raleigh
David Hix, Gibsonville
Connie McFall, Durham
Revis Eller, Sparta
Tom Thutt, Kinston
Jean Provo, Raleigh
Bob Rittase, Charlotte
Claude Paoloni, Chapel Hill
Wallace Nelson, Hertford
Willie Webster, Washington
Tony Gurley, Burlington
Virginia Garner, Burlington
John O. Brown, Raleigh
Pam Joyner, Raleigh
Consultant, David Claytor, Greensboro

CONCLUSIONS

The committee does not wish to take a stand on mandatory continuing education. It felt that a recommendation at this time would be premature and inappropriate due to the uncertain status of the Pharmacy Practice Act.

It does recommend that communications between providers of continuing education and pharmacists be improved and that the possibility of developing an off-campus, structured educational system to allow pharmacists to upgrade their degree be considered. The committee also recommends that a survey be made in the fall, after the passage of the Pharmacy Practice Act, to determine pharmacists' feelings about the following:

1. Mandatory continuing education
2. Preference of topics
3. Preference of location, distance willing to travel
4. Preference of time
5. Frequency of offering programs
6. Off-campus degree program

BACKGROUND

Before reaching its neutral position on mandatory continuing education, the committee actively discussed its pros and cons. Among the problems, hindering mandatory continuing education are the inability to evaluate the effectiveness of a continuing education program, lack of funds and staff to maintain necessary records, and geographical barriers to attendance.

On the other hand, the committee felt that to be safe and competent practitioners, pharmacists must keep up with the rapid developments in science and medicine. If pharmacists could be instilled with the idea that their education was just beginning upon graduation, then mandatory C. E. would not be on the agenda.

The discussion then led to the attendance at C. E. programs. Lack of information about the programs was deemed to be a real problem, hence the recommendation to improve communications between providers and possible recipients. Suggestions to remedy the problem included mailing brochures directly to pharmacists' homes instead of their work sites, having a published calendar of events, having annual C. E. events or regularly scheduled ones, and offering C. E. programs at conventions and local meetings.

The committee then considered the idea of an off-campus degree program for pharmacists. It was felt that the award of a further degree would be an incentive to continue schooling.

Finally, it was decided that it would be appropriate to offer another questionnaire to learn the preferences of the members. This survey should be delayed until the Fall, however, to allow for passage of the new Pharmacy Practice Act.

PERSONAL BITS

BIRTHS

Charles R. Fenske and Nancy Coltrain Fenske of Louisburg, NC are proud to announce the birth of a 8 lb. 1 oz. son, Lucas Allen on August 5, 1981. Charles and Nancy are both 1976 graduates of the UNC School of Pharmacy. Charles was a member of Rho Chi and Phi Delta Chi and is currently the manager of Revco in Louisburg. Nancy was a member of Kappa Epsilon and prior to the birth was manager of Revco in Henderson.

Congratulations to Rad Rich, Fayetteville, for his excellent article on "Computers in Patient Counseling" in the current (September 1981) issue of *Pharmacy Times*.

NORTHEASTERN CAROLINA PHARMACEUTICAL SOCIETY

On August 12, 1981 SKF Labs hosted our regularly schedule meeting at the Holiday Inn in Williamston. The SKF representative, Don Hardison, made all the arrangements including our speaker, Dr. George Crevar. Dr. Crevar presented a very stimulating program on what pharmacists should do with our knowledge of drug interactions. Approximately 43 people attended. The society also voted to send a contribution to the N. C. Pharmaceutical Research Foundation in memory of a recently deceased member, Dave Davis, Sr.

James B. Bryant, Sec.-Treasurer

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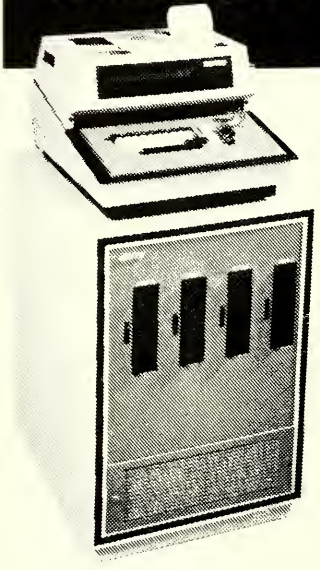

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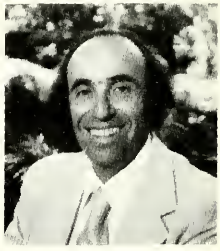
Executive Director
Michigan Pharmacists Association
Lansing, Michigan

Milton H. Miller, R.Ph.
President, Petty Drug Company, Inc.
Little Rock, Arkansas

Gary Thudium, R.Ph.
Community Pharmacist
Vinton, Iowa

Martin Lambert, Ph.D., R.Ph.
Community Pharmacist
Knoxville, Tennessee

Marianne Ivey, R.Ph.
Clinical Pharmacist
University of Washington Hospitals
Seattle, Washington



Harold H. Wolf, Ph.D., R.Ph.
Dean, College of Pharmacy
University of Utah
Salt Lake City, Utah

Paul Burkhart, R.Ph.
Director of Pharmacy
University of Maryland Hospital
Baltimore, Maryland

Harland W. Henry, R.Ph.
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Stephen D. Roath, R.Ph.
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Their advice and counsel helps us serve you better in the expanding role of pharmacy.

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*

Consultant

W. J. SMITH
Chapel Hill

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MESSAGE FROM MARSHALL

J. Marshall Sasser, President, NCPhA

I just recently had the privilege of speaking to the membership of the Student Branch of the North Carolina and American Pharmaceutical Association in Chapel Hill and suddenly came to the realization that the future of Pharmacy lies within this group of very fine young people. I was greatly impressed with their interest and attentiveness in their intended profession.

These future pharmacists need the benefits of the knowledge and experience of our more seasoned members. Yet so many times there is a communication gap that we need to narrow. We are ready to criticize our School of Pharmacy for not turning out Pharmacists in our own image, yet we seldom offer our services to the school to make this a reality. What a welcome you would receive if you would occasionally drop by to talk to the faculty and students, inspect the facilities and visit with the Dean to let him know you are interested in the future of the UNC School of Pharmacy. And if you let the students know that you are interested in them, they will be interested in you. If you get to know the faculty members on a personal basis, they will be much more sympathetic towards your opinions on Pharmaceutical Education.

And while we talk about the future of Pharmacy I must again thank one of our most illustrious members for the influence he has had on my future and the future of most other Pharmacists in North Carolina. Jesse Pike was recently honored at a banquet as immediate Past-President of the National Association of Retail Druggists. The Executive Committee of the NCPhA had voted Jesse inducted into the North Carolina Pharmacy Hall of Fame and the presentation of his certificate took place at the end of the program. "Thanks Jesse" for being there when we needed you. We look for many more years of valuable Service to Pharmacy.

And even with the Medicaid cuts and the administrative nightmare, we still have so much to be thankful for. And at this time between Thanksgiving and Christmas let us pause a moment to count our blessings and remember:

A smile is cheer to you and me
The cost is nothing—it's given free
It comforts the weary—gladdens the sad
Consoles those in trouble—good or bad
To rich and poor—beggar or thief
It's free to all of any belief
A natural gesture of young and old
Cheers on the faint—disarms the bold
Unlike most blessings for which we pray
It's one thing we keep when we give it away.

REPORT

COMMITTEE
on
EMPLOYER/EMPLOYEE RELATIONS

Charlotte, North Carolina
April 26-28, 1981

MEMBERS
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Consultant, Julian Upchurch, Durham

The emphasis of the Employer/Employee Relations Committee this year was to reevaluate the "Professional Employment Standards For Pharmacists" document which the committee presents for your consideration at this time.

Copies of the document have been prepared for distribution to the convention registrants and will be mailed, upon request, to other members of the NCPhA.

The committee recommends these guidelines to provide direction and guidance to both the staff pharmacist and employer in developing a mutually acceptable agreement.

The committee highly recommends that the duties of the staff pharmacist be written in detail. Also, management should solicit suggestions from the staff pharmacist before making final decisions concerning the pharmacist.

The committee recommends both the employer and staff pharmacist participate in and support continuing education offered throughout the year. It is also recommended that the staff pharmacist receive full pay for a normal period of time when called to be a juror in the court system.

The committee appreciates the work of Dr. Jean Gagnon of the UNC School of Pharmacy for his excellent survey of employee salaries and fringe benefits. This survey, financed by the N. C. Pharmaceutical Association, continues to be a valuable tool in creating a mix of benefits satisfactory for both the pharmacist and employer. Since the survey is available to all members of the NCPhA, we recommend a careful study of this extensive report by all members.

PROFESSIONAL EMPLOYMENT STANDARDS FOR PHARMACISTS

BACKGROUND: The recommendations included in these guidelines represent an attempt to provide direction and guidance to both staff pharmacist and employer in developing a mutually acceptable relationship. The employer should provide an environment that allows professional and economic advancement for the staff pharmacist, while the staff pharmacist has the responsibility to devote his talents and energies toward the best interests of his employer and the public health.

The following recommendations represent what is believed to be reasonable policies and standards in a typical situation. There are a number of personal, geographic and economic

(Continued on Page 7)

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variables that must be considered in applying many of the recommendations to a specific employer-staff pharmacist relationship. It is recommended the guidelines be adopted and implemented to develop a mutually beneficial relationship between employer and staff pharmacists.

DUTIES OF THE STAFF PHARMACIST:

A. DESCRIPTION OF DUTIES—The committee recommends that the employer prepare a description of the duties and responsibilities of the staff pharmacist. The description should include clear, concise statements of his professional duties, along with nonprofessional functions and responsibilities. The committee highly recommends that these duties be written in detail.

B. RECOGNITION OF VALUES—It is important that the employer recognize the professional and economic value of the staff pharmacist in identifying the nature and scope of duty assignments. As a general rule, every effort should be made to restrict, insofar as is practical, the duties of the staff pharmacist to professional and managerial functions.

C. NONPROFESSIONAL DUTY ASSIGNMENTS—The staff pharmacist will accept a limited number of nonprofessional duty assignments (e.g. financial functions, custodial or clerical activities). The extent, scope and frequency of these assignments will be dictated by factors peculiar to each practice situation.

D. FINANCIAL RESPONSIBILITIES—The staff pharmacist will accept the responsibility for handling certain financial transactions between the pharmacy, its patrons, and/or financial institutions where the situation dictates.

E. EMERGENCY PHARMACEUTICAL SERVICES—The staff pharmacist will accept the responsibility of cooperating with his employer in handling after-hour emergency prescription orders. The committee believes that it is the professional duty of every pharmacist to provide pharmaceutical services whenever needed.

F. PHARMACIST-PATIENT RELATIONSHIP—(Rx Deliveries)—The practice of having professional personnel deliver all medication represents a potential economic and professional waste of manpower. However, it is incumbent upon the pharmacist to ascertain that the patient is made as fully cognizant of the proper use of the medication being delivered to him outside the pharmacy as he would be if he were receiving it in the pharmacy. This can usually be achieved by means of telephone but, on occasion, may require personal delivery by the pharmacist. In addition, other circumstances may dictate that the pharmacist deliver medication to the patient's place of confinement when necessary.

G. EXPANDING THE SCOPE OF THE STAFF PHARMACIST—The committee recommends that employers make every effort to increase the scope of the professional duties of the staff pharmacist where the situation warrants. Such activities as detailing physicians, improving dispensing procedures in the pharmacy, and maintaining a new product section and an appropriate reference library are the proper responsibilities of the staff pharmacist. Maintenance of patient's medication records should be supervised by the staff pharmacist. The staff pharmacist should be encouraged to participate in the professional managerial and policy making decisions of the pharmacy. The management should solicit suggestions from the staff pharmacist before making a final decision.

H. INTERPROFESSIONAL COMMUNICATIONS—The committee strongly urges that supervisory and staff pharmacists participate in interprofessional programs with physicians, dentists, veterinarians, nurses, and all other health professionals.

I. THE CODE OF ETHICS of the North Carolina Pharmaceutical Association shall serve as the standard for professional conduct.

SALARIES AND SCHEDULES:

A. COMPENSATION OF STAFF PHARMACISTS—Many variables influence the compensation of the professional employee, including the amount of time on duty, responsibilities, individual ability, fringe benefits and other factors.

Salary may be influenced by:

1. Geographic employment market

(Continued on Next Page)

2. Number of hours; overtime
3. Seniority
4. Individual capacity for work and quality of work
5. Fringe benefits offered
6. Type of pharmacy; pace of activity; number of prescriptions filled

Commissions for sales of specific products or product lines is not felt by this committee to be an appropriate method of compensation for professional personnel.

B. OVERTIME COMPENSATION—Overtime compensation must be agreed upon by employer and staff pharmacist.

The committee recommends that, if a need arises for additional pharmacist hours, first choice for such hours should be offered to the regularly employed staff pharmacist prior to the employer seeking an outside relief pharmacist. Further, a regularly employed staff pharmacist should receive a rate of compensation in excess of the regular rate for additional hours worked.

An understanding regarding compensation for "on-call" or emergency pharmaceutical services should be reached by the employer and staff pharmacist.

C. REGULAR SCHEDULES—The number of hours regularly scheduled for a staff pharmacist may vary considerably; however, such schedule of working hours should be established well in advance and maintained as closely as possible.

D. HOLIDAY AND SUNDAY SCHEDULES—Holiday and sunday working hours vary from position to position. These unpleasant working days or nights should be shared by staff pharmacists as long as pharmaceutical services are made available for the benefit of the public health and welfare, and the committee recommends that the staff pharmacist who works holidays and Sundays be compensated at a greater rate of pay.

E. MEAL PERIODS—The committee recommends that provisions should be made for undisturbed meal periods during off-duty hours, when no immediate responsibilities indicate otherwise.

F. JURY DUTY—The committee recommends that the staff pharmacist receive full pay when called to be a juror in the court system for a normal period of time.

G. PERIODIC "PERSONAL PROGRESS EVALUATION"—The committee feels that good managerial policy dictates that a "personal progress evaluation" be conducted not less than annually. The employer should establish a formal system of evaluation at which time the employer and staff pharmacist can jointly analyze the condition of employment. The following factors should be considered:

1. Staff pharmacist performance (merit)
2. Performance of the pharmacy
3. Staff pharmacist value to the pharmacy
4. Additional responsibilities
5. Professional growth and activity

Adjustments may be indicated following such an evaluation.

H. TERMINATION OF EMPLOYMENT—

1. Resignation—Staff pharmacist will give two weeks or more notice. Having given notice, he is entitled to any accrued benefits such as vacation time, overtime, commission, etc., as severance pay as specified in contract of employment.

2. Dismissal—If not specified in the contract of employment, either two weeks notice or two weeks termination pay is recommended.

FRINGE BENEFITS POLICIES

A. GENERAL—Fringe benefits constitute an increasingly significant portion of the pharmacist's aggregate income. Depending upon the staff pharmacist's salary and other factors, the employer is urged to provide one or more of a variety of fringe benefits as an adjunct to employment.

In any case, fringe benefits should be considered by the employer and the staff pharmacist prior to employment and during a 'personal progress evaluation." The subject of fringe benefits should be considered regardless of the size of the pharmacy.

Obviously, no one employer can offer all fringe benefits, but a mutually satisfactory blend of

selected fringe benefits can greatly enhance employer-staff pharmacist relations.

B. VACATIONS—The committee finds that one of the most common fringe benefits offered, indeed to the extent that is now considered a right rather than a privilege, is a paid vacation after the first year of employment. Agreement should be reached, prior to employment, regarding the vacation period allowed during the first year of employment and thereafter. This will vary depending upon the time of the year employment begins, desires of the staff pharmacist and other factors.

C. PROVISIONS FOR SICK DAYS—The committee recommends that a number of paid sick days per year agreed upon by the employer and his professional employees at time of employment.

D. PAYMENT OF PROFESSIONAL MEMBERSHIPS—The committee recommends that the employer encourage active participation in professional societies, the cost of which would be negotiable.

E. FRINGE BENEFITS—A wide variety of other fringe benefit programs are available. The committee recommends that the following be given consideration in discussion of conditions of employment:

1. Insurance Programs
   a. Hospitalization Major medical
   b. Life
   c. Professional liability
   d. Income disability
   e. Retirement
2. Supplemental forms of compensation
   a. Profit-sharing. The method of arriving at such a figure should be predetermined and agreed upon by the employer and staff pharmacist.
   b. Stock purchase options. The opportunity to purchase corporate stock may be an excellent and inexpensive aid to retaining key personnel.
   c. Commissions. It is felt that commissions for sales of specified products or product lines is not an appropriate method of compensation for professional personnel.
   d. Bonuses. A guaranteed weekly base income is needed to properly sustain a professional person throughout the year. The bonus, however, provides the employer with the mechanism to recognize and financially reward his staff pharmacist for exceptional service.
3. Miscellaneous Fringe Benefits
   a. If professional attire is required, it is properly a responsibility of the employer to provide professional personnel with suitable attire (i.e. professional jackets or uniforms). The staff pharmacist should, however, recognize this service as a fringe benefit, since provision of such attire represents a savings in personal clothing expense.
   b. Professional personnel should be allowed to purchase items normally carried in stock at a discount plus any required taxes.

INTRA-PROFESSIONAL RELATIONS

A. PROFESSIONAL PREROGATIVE—The committee stresses that pharmacist are, and should be so considered, professional colleagues or associates, rather than emphasis being placed on the pharmacist's employer or employee status.

The individual practitioner, in carrying out his professional functions, must be able to exercise his professional judgment without hindrance from his employer. It would be inexcusable for an employer to impinge upon the professional prerogatives and knowledge of a staff pharmacist!

B. PROFESSIONAL ASSOCIATION ACTIVITIES—The committee strongly recommends that pharmacists join and participate in the activities of professional pharmacy associations. It should be the responsibility of every pharmacist, whether employer or staff pharmacist, to stimulate interest in professional society activities among his non-member colleagues.

C. PROFESSIONAL MEETINGS—Attendance at professional conventions, seminars, continuing education lectures and workshops is strongly recommended for both employer and staff

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pharmacists. It is important that staff pharmacists attend such meetings, as well as employer pharmacists, and they should be granted time with full compensation for work hours missed at reasonable intervals to do so up to 15 hours per year.

D. CIVIC ACTIVITIES—Pharmacists should be leaders in the community. As, such, employers should make an effort to do whatever possible to assist the staff pharmacist in participating in various civic and club activities. This aid should come mainly in the form of cooperation with the staff pharmacist to arrange work schedules to make attendance and participation at these meetings possible.

E. CONTINUING EDUCATION—Continuing Education should be an integral part of the career of every pharmacist. Employers should encourage staff pharmacists to attend the various formal education courses offered by the schools of pharmacy. In addition, professional programs sponsored by national, state and local pharmaceutical associations and courses in other institutions are available to enhance the pharmacist's knowledge as a pharmacist and/or as a citizen.

F. READING OF PROFESSIONAL LITERATURE—Every pharmacist, in order to keep informed of developments within his profession and the other health professions, must devote off-duty time to the reading of professional journals and other reference material. In addition, every pharmacy should maintain a reference library (beyond legally required references) including selected journals and texts. All pharmacists on the staff should be urged to devote some duty time to the reading and discussion of such material.

G. INTRAPROFESSIONAL COMMUNICATIONS—Communications constitute a significant element of intraprofessional relations. There should be a clear understanding and a free avenue to communication between the employer and staff pharmacist at all times. Such dialogue should include discussion of matters relating to professional practice as well as to conditions of employment.

Communication, however, is not limited to relations between pharmacists associated with the same pharmacy. Communication also involves discussions between pharmacists of different pharmacies as well as different specialties within the profession; e.g., community pharmacist, hospital pharmacist, pharmaceutical sales representatives, etc. The dominating factor is that all pharmacists should cooperate to the fullest extent.

PROCEDURES FOR HIRING PROFESSIONAL PERSONNEL

The hiring of professional personnel represents one of the most important managerial functions of the owner or supervisor pharmacist. By adopting the proper selection, orientation, and training techniques, the employer can minimize or avoid many personnel problems.

This committee recommends that the employer devise and utilize a written application form to be completed by prospective professional employees. The application should, among other items, include a section asking for references from past employers. It is most important for the employer to verify the references given in order to realize the benefits of this selection criterion.

Although careful selection of prospective staff pharmacists is to be encouraged, the techniques used should be consistent with the professional status of a pharmacist.

When a pharmacist joins a professional staff, there are many questions in his mind regarding his new environment. In addition, other questions will arise as the new staff member gains experience in the pharmacy. If these questions are left unanswered until a problem develops, the chances of bringing about a mutually acceptable solution to the problem may be jeopardized. By providing answers to the specific questions of the pharmacist and anticipating other potential areas of misunderstanding, the pharmacy manager may avoid many problems before they develop. The key to the "prevention" approach to personnel problems lies in the proper orientation of the professional employee to his new position. Regardless of what the policies of the pharmacy are, or what duties and responsibilities are to be assigned to the staff pharmacist, the important point is that the policies and duties are outlined to him prior to the commencement of the employment relationship. By establishing a simple orientation interview procedure including an informal yet structured conversation between employer and staff pharmacist, many questions can be presented and answered. The staff pharmacist then has the opportunity to discuss policies and duties before committing himself to the new position.

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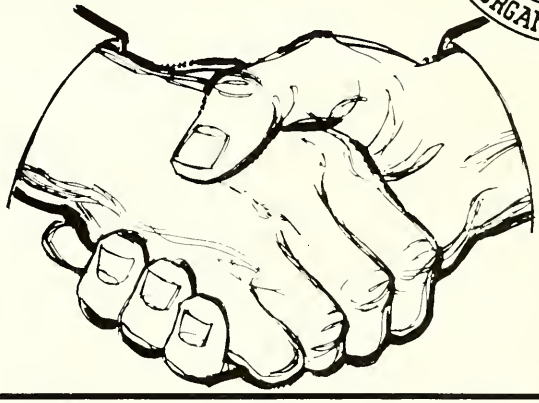

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The interview may also serve the employer by helping him to more knowledgeably evaluate the background and abilities of the applicant. The Orientation Checklist is provided as a guide for both employer and staff pharmacist, as they participate in an orientation interview. Although some of the points given may seem insignificant or trivial, studies show that these matters many times cause misunderstanding between employer and staff pharmacist. Disagreements over these matters may affect the staff pharmacist's productivity. In other cases, resentment generated by the disagreement may be reflected in the attitude of the staff pharmacist. In extreme cases, misunderstandings over seemingly insignificant matters may cause termination of the employment relationship. Many times the problem described above can be prevented if policies and rules are explained and discussed in advance.

The Orientation Checklist appearing at the end of these guidelines is by no means all inclusive. However, it does provide a basis for starting the orientation dialogue and hopefully will suggest other questions and comments by both employer and prospective staff pharmacist. Adequate time and the proper atmosphere for a "give and take" conversation should be provided for the orientation interview.

ARBITRATION AND MEDIATION

A. ESTABLISHMENT OF DISTRICT COMMITTEES—An employment standards committee will be established in each district. Each committee will act in an advisory capacity on matters pertaining to employment standards, ethics, and other grievances. Each committee will offer its services for mediation and arbitration. Arbitration may be binding, if requested by both parties.

B. COMPOSITION OF COMMITTEES TERMS OF OFFICE AND QUALIFICATION OF MEMBERS—Each district has the option of choosing a five, seven or nine member committee. A five member committee shall include: one hospital pharmacist, two staff pharmacists, two owner-pharmacists, or supervisory pharmacists. A seven member committee shall include: one hospital pharmacist, three staff pharmacists, three owner-pharmacists, or supervisory pharmacists. A nine member committee shall include: one hospital pharmacist, four staff pharmacists, four owner-pharmacists, or supervisory pharmacists. If any category cannot be filled, then any qualified pharmacist representing any other specified category may fill the vacancy. No person who is an agent of any collective bargaining group shall be eligible for membership on the committee. All committee members should hold office for terms of three years.

C. SELECTION OF MEMBERS—Each committee will be either elected or appointed at the option of each district. If the committee is elected, then the chairman will be elected by the members of the committee. If the committee is appointed then the chairman will be appointed.

D. ESTABLISHMENT OF A STATE COMMITTEE, COMPOSITION OF COMMITTEE, QUALIFICATION OF MEMBERS, TERMS OF OFFICE AND COMMITTEE AUTHORITY—A delegate from each district committee will serve as a member of a state employment standards committee. The delegate should be chosen so as to reflect adequate representation, inasmuch as possible, for all categories of pharmacists. In the event that all members of the state committee represent only one category of pharmacist, the president of the N. C. Pharmaceutical Association should declare all such appointments invalid, and he shall appoint appropriate members from among the district committees. The chairman of the state committee will be elected by the members of the committee. District committees may refer special problems to the state committee. The state committee must submit an annual report to the N. C. Pharmaceutical Association at its annual meeting. State or district committees may meet as often as necessary but not less than once a year. All committee members shall hold office for three-year terms on a staggered basis in order to provide continuity; however, a new chairman must be selected annually.

On the first state committee, two members shall be selected to serve terms of one year, two for terms of two years and two for terms of three years. Thereafter, all members shall be selected to serve terms of three years, except in cases where a vacancy exists due to death, illness, inability to serve or resignation. The member selected to fill the vacancy will serve the unexpired term of his precedessor.

(Concluded on next Page)

ORIENTATION CHECKLIST

1. What are the basic philosophies of the pharmacy? (e.g., toward the patrons, toward other health professionals, toward employees).
2. What schedule will be expected of the staff pharmacist? (e.g., evenings, weekends, and holidays).
3. What is the scope of the staff pharmacist's duties and responsibilities?
4. What are the limits of authority for the staff pharmacist?
5. What provision is made for overtime duty?
6. What provisions are made for meal periods?
7. What is the policy regarding "break periods?"
8. What are the rules regarding punctuality?
9. What are the regulations regarding smoking?
10. If professional attire is required, who supplies it?
11. What are the safety and fiscal security policies?
12. What is the vacation policy?
13. What is the policy regarding leave? (e.g., sick, personal business, to attend professional seminars, etc.).
14. What are the opportunities and procedures for advancement? (e.g., provisions made for a personal progress evaluation).
15. What are the policies on staff pharmacist purchases and discounts?
16. What are the policies regarding termination of employment?

TO PHYSICIANS IN THE AREA
FROM
WILSON COUNTY PHARMACEUTICAL ASSOCIATION

Effective December 1, 1981, each Medicaid patient will be limited to four prescriptions per month, including refills. We believe this will be an Ineffective cost-containment measure and anticipate the legislature repealing it upon reconvening in June of 1982.

In anticipation of this dilemma, some have suggested the solution is to prescribe massive quantities of maintenance medications. Please consider the following ideas:

1. The average Medicaid prescription price is now over $9. This includes the cost of the drug plus a $2.80 dispensing fee. (A statewide survey done 2 years ago showed that a dispensing fee of over $3 was needed for us to break even.) In addition, no fee is allowed for a refill of the same drug in the same month. Most prescriptions are now written for a 30-day supply/100 dosage units (whichever is greater). Unusually large quantities will dilute our already inadequate fee and thus our gross profit.

2. Extremely large quantities are more prone to loss, spillage, physical deterioration, and abuse.

3. Maintenance drug therapy is often changed. Large quantities would cause more waste upon discontinuation.

4. A survey of Wilson County pharmacies indicates that only about 15% of our Medicaid patients currently receive more than four (4) prescriptions per month. Therefore, at least *80% of MEDICAID PATIENTS WILL NOT BE AFFECTED.*

5. We believe that *some* Medicaid patients receiving more than four prescriptions per month can afford to pay for inexpensive drugs. (You can help a lot by allowing us to dispense generically.)

The Wilson County Pharmaceutical Association, therefore, encourages you to make *NO BLANKET CHANGES* in prescription quantities. We would welcome working on an *INDIVIDUAL BASIS* with patients who absolutely cannot afford to pay for their drugs.

We believe that our solution is the best approach to an unfortunate situation. We appreciate your consideration of our ideas and welcome every opportunity to cooperate with you for the good of our patients' health.

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Members—W. R. Adams, Jr., Wilson; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; James A. Way, Winston-Salem; David R. Work, Secretary-Treasurer, P. O. Box H, Carrboro, NC 27510

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LOCAL NEWS

GUILFORD COUNTY

The regular monthly meeting of the Guilford County Society of Pharmacists was held on Tuesday, October 13th, 1981 at 8:00 p.m. in the Kiser Building of Wesley Long Hospital. Guest speaker for the evening was Susan Schweiger, R.N. who spoke to the assembled members and guests about the Home Health Care program of the Guilford County Health Department. Ms. Schweiger, who is director of this program, explained what services the county has available to those who need in-the-home nursing care, who is eligible for this care, and how they are referred to her agency. She also encouraged any Society members who had customers they felt may need help with properly taking their medications to refer these people to the Home Health Unit.

Following a short business session after the program, the meeting was adjourned.

J. Frank Burton, R. Ph.
Secretary-Treasurer

ALAMANCE COUNTY PHARMACEUTICAL ASSOCIATION

The Alamance County Pharmaceutical Association met Wednesday, August 26 at the Alamance Country Club. Nancy Gardner, president, introduced the speakers, Ms. Terry Goldston, Smith, Kline, and French, and Lt. Doug D. Frazier, Burlington Police Department.

Ms. Goldston presented a program on pharmacy security, an important topic among pharmacists, since drugstores contain both drugs and money to lure the thief. Measures designed to discourage robberies include:

1. Increased visibility from the street.
2. Installation of electric door locks.
3. Drive-up or walk-up windows.
4. Silent hold-up alarms.
5. One-way mirrors.
6. Convex mirrors.
7. Periodic police visits to the pharmacy during business hours.
8. Clearly-stated intention to prosecute shoplifters.

Lt. Frazier discussed the procedures to follow when shoplifting occurs. Shoplifting is the willful concealment of merchandise while on the premises of the store. When a person conceals an item, the pharmacist should approach him and ask if he would like to pay for the item. The pharmacist has the right to detain the person, and should ask the suspect to go to the back of the store, and then call the police. If the person is a juvenile, the pharmacist should call the parents as well as the police. In the case of an armed robbery, the pharmacist should follow the commands of the robber, and once the robber is off the premises, should note the car's description, license plate, and the direction in which the robber leaves. When faced with a suspected forged prescription, the pharmacist should first contact the prescriber and then the police.

These presentations were followed by a short business meeting in which Ms. Gardner announced that a recertification program for those who attended the CPR course last fall will be held this November. Webb McAdams, vice-president of the Society, suggested that the Society update its list of physicians and their DEA numbers. It was also decided that in the future, dinner accompanying the meetings will cost $10.00.

Diane Fink, Secretary

GOLDSBORO

A. G. Pelt received the Kiwanian-of-the Year Award at the September 28, 1981 meeting of the Goldsboro Kiwanis Club held at the Walnut Creek Country Club.

CARY

Robert L. Gordon, Cary, has been appointed deputy director of the Food and Drug Protection Division of the N. C. Department of Agriculture.

CHAPEL HILL

Susan D. Lee, president of the student branch, UNC School of Pharmacy, has been appointed to the APhA Policy Committee on Professional Affairs, by APhA Speaker of the House of Delegates D. Stephen Crawford.

STATESVILLE

James Patterson spoke at the Blueridge Lupus Chapter August 2, 1981 on the topic "Drugs Used in the Treatment of Lupus, Their Effects and Side Effects."

WAKE COUNTY

Joe Graedon, author of "The People's Pharmacy" and "The People's Pharmacy #2" gave forty-six members of the Wake County Pharmaceutical Association the thrill they expected on September 1. Graedon was as entertaining as he was informative on how he perceives the profession of pharmacy in its quest to become a medication resource for the patient versus Madison Avenue advertising that saturates TV and magazines.

FORSYTH COUNTY

The Forsyth County Pharmaceutical Society met Sunday October Third at the Western Sizzler Steak House on Peters Creek Parkway. President Jim Tucker called the meeting to order. Discussion centered around plans for 1981-1982 with special emphasis on hosting the 1982 NCPhA meeting. Officers selected for the year are: President Priscilla Brown; Vice President (social) Jim Wiggins; Vice President (public relations) Robert Guy; Vice President (program) Jim Tucker and Secretary-Treasury Norma Hoots. It was decided that meetings would be held quarterly with the first being a membership social at Ernest Rabil's home in Clemmons in early November.

NORTHEASTERN CAROLINA PHARMACEUTICAL SOCIETY

On August 12, 1981 SKF Labs hosted our regularly schedule meeting at the Holiday Inn in Williamston. The SKF representative, Don Hardison, made all the arrangements including our speaker, Dr. George Crevar. Dr. Crevar presented a very stimulating program on what pharmacists should do with our knowledge of drug interactions. Approximately 43 people attended. The society also voted to send a contribution to the N. C. Pharmaceutical Research Foundation in memory of a recently deceased member, Dave Davis, Sr.

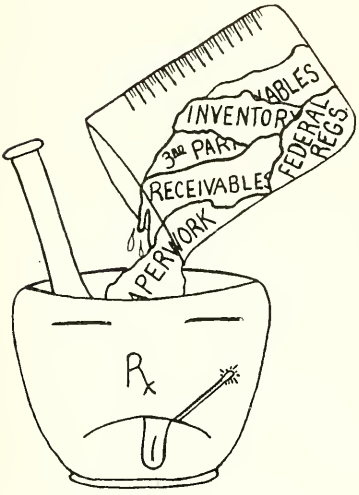
James B. Bryant, Sec.-Treasurer

RESEARCH TRIANGLE PARK

Martha Gabriel Peck, Raleigh, has been appointed executive director of the Burroughs Wellcome Fund. Peck, an employee of the company since 1977, held a part-time job with the firm this year while serving as clinical pharmacy coordinator at Wake Medical Center.

The Wellcome Fund, founded in 1955, provides financial aid for scientific and medical studies. Peck will administer the Fund's various award programs, review grant applications and handle publicity.

COMPUTER PHOBIA!



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SYMPTOM # 4: ACUTE AVAILABILITY REQUIREMENTS

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SYMPTOM # 5: SECURITY PARANOIA

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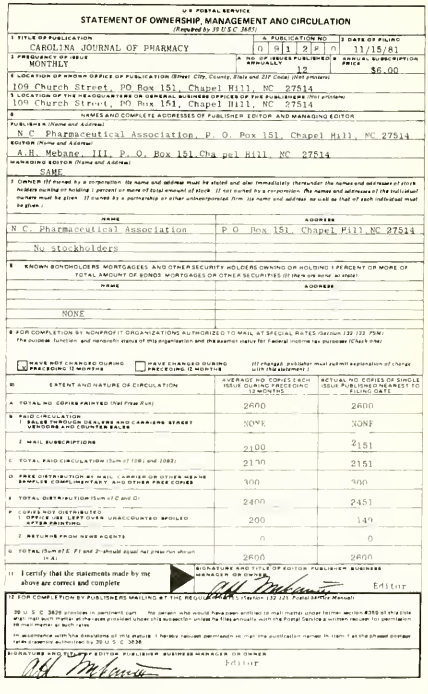
LEGISLATIVE COMMITTEE

The Legislative Committee of the North Carolina Pharmaceutical Association held its first meeting on September 27, 1981 at the Institute of Pharmacy in Chapel Hill with Chairman W. Robert Bizzell, members Truman Hudson, Rowland Strickland, John Barringer, Gilbert Hartis, advisors Joey Edwards and Franklin Wells, guest Henry Smith, and A. H. Mebane in attendance. Several items were discussed as to whether the NCPhA should seek to have them enacted into law or not. Of the ones discussed, SB 93- the formation of the North Carolina Division of Mental Health, Mental Retardation, and Substance Abuse Services, HB 1050- the NCPhA sponsored Pharmacy Practice Act, and HB 1300- the Pharmacy Medicaid Fee Increase Bill, received the most interest. SB 93 dissolved the NC Drug Commission, which had a pharmacist on it, and formed the new commission which appears not to have one. After finding out if it doesn't have a pharmacist on it, the committee recommended that the NCPhA actively seek to have one placed on it at the next possible chance. As the General Assembly, which reconvened October 5th, will meet for only 5 days and will only want to take up extremely pressing items, the Legislative Committee decided not to seek ratification of HB 1050 at this time. The pharmacy profession is not greatly hurting because it has not been enacted, and to bring it up during this short session may cause some unfavorable feelings by the legislators towards the NCPhA and thereby hinder any of our future efforts. HB 1300 received the most attention by the committee members. The committee decided to actively pursue this bill and to seek its enactment into law. It was referred to the Budget Committee in the House, and, as virtually every legislator is on the Budget Committee it was decided that the NCPhA send letters to every member telling them how to approach their representatives and what to tell them. This, however, was not done after a meeting was held with Rep. Dan Lilley who introduced the bill on behalf of the NCPhA. He stated that he was not going to ask that the bill be considered this session due to the time factor and that he thought the bill would not be ratified. It would then be June 1982 before it would be again considered. But, according to the rules of the North Carolina General Assembly, once a bill is defeated it cannot be reintroduced for 2 years. He did suggest we contact Rep. Al Adams, who is chairman of the committee, to see his feelings on the issue. He said that the bill was still active but would not be considered due to the new guidelines that are being set up. These include limiting the patient to 4 prescriptions a month without locking him into one pharmacy, 18 doctor visits per patient per year, including visits in the hospital, and freezing all increases for 1 year. This will go into effect December 1. It was also learned that the reason the pharmacy medicaid program is listed as an optional program, is that there can be no copay on a mandatory program. It was thought that the copay would be increased to $1.00, but the copay cannot exceed 10% of the average prescription cost, which is $9.35, to increase it to $1.00 would be a violation of federal guidelines. The committee will meet again after the first of the year to study the legislative possibilities for the coming year.



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Perspectives in Pharmacy

Capitation*—Reimbursement for Pharmacy Services

Presented in the interest of better-informed pharmacy.

*Capitation is a system of payment by which a provider receives a fixed amount for services rendered each person for a given time period, usually a month.

Jean Paul Gagnon, R.Ph., Ph.D.
Professor,
Pharmacy Administration
School of Pharmacy
University of North Carolina at Chapel Hill.

"Capitation is not new to pharmacy. As early as 1969, this system of payment was being discussed as a reimbursement method for pharmacy services.

"There are theoretical advantages to pharmacists being paid a fixed monthly rate per patient:

- service and administrative costs could be lowered;

Jean Paul Gagnon, R.Ph., Ph.D.

- pharmacists would be able to consider patient needs first;
- pharmacists could keep abreast of current drug therapies and technology;
- greater continuity of patient care could be provided;
- utilization of high-cost services could be lower;
- more extensive preventive health efforts could be made;
- and more favorable health outcomes might result.

"On the other hand, capitation may stimulate providers to:

- devote fewer hours to patient care;
- refer patients to other facilities more readily;
- be more inflexible and less responsive in dealing with patients;
- screen potential enrollees for health status;
- place profit before services;
- and delay or prolong services.

"There is little documentation to support either the advantages or the disadvantages of capitation to the pharmacy profession. Because its use so far has been limited, capitation needs additional evaluation before a decision concerning its utilization can be made.

"In the long run, after pharmacists have realized 'windfall profits' through implementation of such cost-saving strategies as generic substitution and use of OTC drugs, capitation may be attended by the same problems as the fixed-fee method. It is likely that, in times of tight money, legislators and program administrators would exhibit the same attitudes about capitation as they currently do toward fixed professional fees—they will be tempted to minimize costs by not raising the capitation rate. In fact, because of 'windfall profits' that will be generated in the early years of the capitation

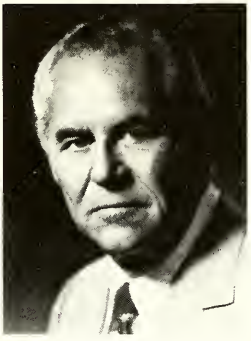
approach, state legislators will probably tend to reduce the rate. At the very least, pharmacists will be asked by legislators to justify rate increases by conducting cost studies of their operations.

"There is as much controversy today about third-party reimbursement for pharmacy services as there was in 1968. Because of federal antitrust laws and the lack of consensus on the part of pharmacists, pharmacy organizations have been unable to convince program administrators of the value of their services and the advantages of competitively determined prices as opposed to a cost-plus approach. In the final analysis, the capitation approach may serve only to delay solution of the reimbursement problem."

Raymond A. Gosselin, R.Ph., Sc.D. President, Massachusetts College of Pharmacy and Allied Health Sciences

"Subjective appraisals of the capitation system are apt to be inconclusive in the short term, because, initially, there would seem to be some advantages, e.g., money up front, no claim forms, etc. But, at some point, pharmacists will have exhausted all opportunities to hold down costs by substituting less expensive drugs, eliminating refills, curtailing overuse, and switching patients to home remedies. Meanwhile, increasing amounts for rent, light, heat, taxes, and the like will have to be paid.

"Program administrators, faced with the need to eliminate the 'fat' from budgets and aware that pharmacists retain any amount left from the initial capitation fee that is not spent on program recipients, would inevitably cut successive annual funding.



Raymond A. Gosselin, R.Ph., Sc.D.

"The bottom line of any proposed capitation system would not be in savings realized by curtailing overuse or by switching patients from prescription drugs to over-the-counter ones but in using less expensive generic drugs. The capitation system, in effect, would be no more than a mechanism for forcing the use of the cheapest drugs available. Making a choice based on price as the sole criterion does not involve professional judgment. Under a capitation system, pharmacists would have to resort to the lowest-priced drugs in order to remain in business.

"As long as pharmacy remains a predominantly private enterprise in this country, and there is little to indicate otherwise, incentives for providing new and better services—including patient consultation and monitoring—need to be positive rather than negative. New activities for pharmacists must be justified in terms of building clientele, increasing volume and business, and earning a reasonable profit.

"Pharmacists can play a major cost-saving role in health care by helping people get well and stay well by means of the proper application of efficacious drug therapy. Billions can be saved in physicians' fees, hospitalization costs, diagnostic tests, and the like by aggressive and positive application of pharmacists' skills. Such expertise is valuable, and pharmacists should be paid for their contribution. The cost of such services is indeed small in relation to the genuine savings in total health care that can be realized."

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PHARMACY CRIMES

GREENSBORO

Edmonds Drug Store was robbed Wednesday, September 2, by an armed man in his mid 30's, who pulled a gun on an employee and demanded drugs. He emptied a safe of drugs, took money from the cash register and fled. The previous Friday, the store had been burglarized of nearly 11,000 doses of controlled substances.

RALEIGH

Kerr Drug was robbed Wednesday, August 13, but the robber was captured later that night. A bystander saw a man leaving the pharmacy with something in his hand, and wrote down the license number of the car into which the suspicious looking man got. The robber, a convicted murder on parole, was arrested on the robbery charge and was also charged with carrying a concealed weapon. The robber only took money; no drugs were reported stolen.

DURHAM

Eckerd Drugs was robbed Saturday night, August 8, 1981 by two men, one carrying a shotgun, and the robbers escaped with $3,000.

MOREHEAD CITY

An armed robber held up Morehead City Drug Co. Monday, August 17, 1981 and fled with about $350.

The robber threatened a cashier with a large pistol which he pulled from under his shirt, and demanded the money be placed in a bag. He fled on foot.

FOUR OAKS

A local woman was arrested August 12 and charged with attempting to pass two forged prescriptions for Dilaudid. The accused tried to obtain the controlled substance at Revco in West Smithfield and Carter Pharmacy in Four Oaks.

MARION

A McDowell man was arrested and charged with fraud and forgery after writing a prescription for Percodan on a stolen prescription pad. The prescription was presented to Eckerd Drug store Saturday, October 10, according to police.

RALEIGH

A man and woman were arrested Thursday, September 24, and charged with breaking and entering at Brantley and Son, Inc. pharmacy. A portion of Hillsborough Street was blocked off while police, responding to a burglar alarm, searched the store. The two were found in a back room with a bag containing drugs and burglar tools.

RESEARCH TRIANGLE

Kerr Drug Store was robbed Thursday, November 12, by two well-dressed black males who escaped with an undisclosed amount of money. Before the robbery, the men had to have help in jump-starting their car which they left running during the holdup. The store manager was pistol whipped and later treated at a local hospital and released.

POISON INFORMATION CENTER

NORTH CAROLINA

STATE COORDINATOR 919-684-8111	Duke University Medical Center Durham 27710
ASHEVILLE 704-255-4490	Western North Carolina Poison Control Center 509 Biltimore Ave. 28801
CHARLOTTE 704-379-5827	Mercy Hospital 2001 Vail Ave. 28207
GREENSBORO 919-379-4105	Moses Cone Hospital 1200 N. Elm St. 27420
HENDERSONVILLE 704-693-6522 Ext. 555 556	Margaret R. Pardee Memorial Hospital Fleming St. 28739
HICKORY 704-322-6649	Catawba Memorial Hospital Fairgrove-Church Rd. 28601
JACKSONVILLE 919-353-7610	Onslow Memorial Hospital Western Blvd. 28540
WILMINGTON 919-343-7046	New Hanover Memorial Hospital 2131 S. 17th St. 28401

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1981 Annual Meeting
N. C. Pharmaceutical Association
Radison Hotel
Charlotte, N. C.
April 26, 27, 28, 1981

REPORT
of
COMMITTEE ON PUBLIC AND PROFESSIONAL RELATIONS

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Frances Rader
Steve Almond
Hunter Gammon
W. A. Morton, Sr.
Debbie Lowder Scott
Suz Ann Wheatley
Martha Peck
Gilbert Hartis, Jr.
Russell Clark
Ernest J. Rabil, Consultant
Al Mebane, Consultant

The Public and Professional Relations Committee met on Sunday, February 15, 1981, at 2:00 p.m. and again on Sunday, March 15, 1981, at 2:00 p.m. at the Institute of Pharmacy. The Committee made every effort to review all matters of direct concern to the practice of pharmacy and its professional image. Review of previous reports in the last five years indicated that year after year the same recommendations, suggestions or resolutions were made, with little or no positive action taken. After six hours of rehashing these same old problems involving polygraph use, physician's assistants, family nurse practitioners, discounting, continuing education, medication records, communication techniques, patient education, third party pay situations, drug information, patient counseling, etc., the Committee decided to take a more practical approach to improving our relationship with consumers and other health professions.

This year, more than ever before, the pharmacy profession is the topic of conversation—whether good or bad, we have hit the news. The Pharmacy Practice Act, for one, has created a stir; Pharmacy Crime and Theft Prevention Programs has brought national attention to pharmacy; generics, substitution, regulatory bills and reimbursement mechanisms for services rendered have all placed pharmacy in the public's eye. Even Andy Rooney, of CBS's "60 Minutes," gave us national publicity by showing the pharmacist as an unreachable professional who hides behind a barrier and refuses to communicate with patients seeking professional information. (The School of Pharmacy has ordered a copy of this tape.)

The professional image of pharmacy is in question and there is a need to tell our story to the public, to health professionals and to the media. We feel that the high standards of achievement of any profession must include a moral commitment to improve patient care. To do this we propose to provide a means by which the pharmacist can make known his professional competency and increase the public's awareness of his "know how" and expertise. We cannot expect others to do it for us. No matter how hard the Association, the Board and School might try, when it comes to the action part, it must be done by the individual pharmacist. You, as the practitioner, are the one who makes the contact and promotes the professional image. Opinions are formed on an individual basis.

Suz Ann Wheatley, one of our Committee members, will present a proposal directed toward the individual pharmacist for positive action and improved visibility.

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

ScRxipt

DEAN'S MESSAGE

ACCOUNTABILITY AND EFFICIENCY

This message was precipitated by several recent articles which discuss the current socio-economic climate in which we find ourselves. Despite some hardships, I cannot help but believe that on the long term, what is happening now and the manner in which we deal with it (if we do it right) will have a long term positive impact on the future.

As former AACP executive director stated in his message to the Association of Academic Health Centers, "The challenge is to salvage the best from the era of abundance as we pass into the era of resource containment." From a California assistant dean comes this; "There is an increasing scarcity of money for new programs and expansion. Emphasis (for the manager) must be on efficiency rather than on expanding budgets." From the same source, ". . . there is a new emphasis on the responsibility to lead a productive life, that is, to 'take charge' of one's own life." From a university house organ someone is quoted as placing the blame on the lack of U. S. productivity on the foray of women and the large numbers of young, experienced persons into the workforce.

I agree with much of what was being written. However, I do have major disagreement with the writer who blames low productivity on the entry of women and the young into the workplace. From my own perspective, the greatest productivity comes from young people, men or women, with their vigor and their high aspirations, innovative ideas, new knowledge and skills.

Academic institutions are not different from other societal units, except that our productivity measurements are more intangible and longer range. Although we can quantify the numbers of lectures, publications, seminars, etc., what cannot be quantified is the quality of our productivity. A tangential method of arriving at productivity and quality includes how well our students do on the NAPBLEX and other postgraduate entry examinations such as the Graduate Record Examination. Another measure is the demand for our students for various existing opportunities and the honors accorded them, both locally and nationally. On many of these, your school has done well, but we must ever strive to do better.

It is my personal belief, perhaps naively, that our deteriorating economy (productivity) can only be reversed if each individual in all segments of our society returns to "old fashioned" work ethics. This includes not only being efficient in what we attempt, but also being held accountable for the outcomes. Additionally, particularly in higher education, we must increasingly work cooperatively and collaboratively to improve our efficiency. An easy solution? Not really. Without going into detail, there are issues of student rights, "turfdom," tenure, and academic freedom. Whatever we do, however, we better get on with it, lest we become like the Chicago Cubs—losers.

PATTERSON JOINS FACULTY

Herb Patterson, PharmD. has recently joined the faculty as Assistant Professor of Clinical Pharmacy. He comes to us from the University of Tennessee Center for the Health Sciences in Memphis, where he earned both his B.S. in Pharmacy (1977) and his PharmD. (1979) degrees.

Dr. Patterson's research interests are in the area of antiarrhythmic and cardiovascular agents. He is a certified Basic Life Support Instructor and has had advanced life support training.

He and his wife Beth live in Chapel Hill, but she commutes to Durham as a critical care nurse at Duke Hospital. They have a two-year old daughter, Abigail.

Dr. Patterson's hobbies include tennis and dove hunting, and he's always looking for a game of backyard basketball.

Dr. Patterson in his new office in the Division of Pharmacy Practice.

WERLEY DAY/OPEN HOUSE

Plan to come on Sunday afternoon January 31 for the School's combination Werley Day and Open House. This will be your opportunity to honor Associate Dean LeRoy Werley (who is retiring on that date) and to view our newly renovated Beard Hall.

Although plans are not yet final, the afternoon events include tours, slide shows, and exhibits. A reception will be held from 1:30 to 5:00. Don't miss it!

FOREIGN DIGNITARIES

TAIWAN

On Wednesday, September 9 seven medical presidents/deans/and directors from Taiwan, Republic of China visited the UNC-CH School of Pharmacy, School of Medicine, and the medical complex. The officials, whose Chinese titles are equal to that of UNC-CH Vice Chancellor of Health Affairs, represented all the centers of medical education in Taiwan. Their trip to the UNC-CH campus was one of the many stops on a month-long tour of major medical centers all over the United States. One purpose of their visit was to observe progress in health affairs education in the U. S. and to assimilate some advantages of these educational programs into their respective programs in Taiwan.

They were particularly interested in establishing clinical pharmacy programs and graduate pharmacy curricula in Taiwan.

Tour members included:

- Dr. H. C. Hsieh, President, Kaohsiung Medical College
- Dr. P. Han, President, National Yang-Ming Medical College
- Dr. M. Shieh, President, Taipei Medical College
- Dr. K. F. Huang, President, Shung Shan Medical and Dental College
- Dr. J. C. Kuo, President, China Medical College
- Dr. M. T. Peng, Dean, College of Medicine, National Taiwan University
- Dr. C. Y. Chai, National Defense Medical Center

SAUDI ARABIA

On October 20-22, we were visited by Dean Abdullah Al-Badr and Dr. Abdulrehim Morad from the College of Pharmacy, University of Riyad in Saudi Arabia. They spent their three days here in an in-depth analysis of our clinical pharmacy program—focusing on under-

graduate, graduate, and Pharm D. training, as well as our nutrition consult service, and ambulatory care and AHEC programs.

Drs. Al-Badr and Morad hope to improve the clinical pharmacy program in their institution with ideas gleaned from their UNC visit as well as their visits to seven other pharmacy schools nationwide.

HYPERTENSION SCREENING

Beverly Sullivan 4/5

"Why are Pharmacy Students taking blood pressures?"

"I have high blood pressure, but I never know if my medicine is working."

"A blood pressure of 160/95, that's not bad for my age, is it? Blood pressure is supposed to go up with age."

These were but a few of the many comments directed to 3/5 and 4/5 students from the UNC School of Pharmacy participating in a Hypertension Screening Clinic on October 3, at University Mall in Chapel Hill.

On that date, armed with sphygmomanometers and stethoscopes donated by the North Carolina Heart Association, fourteen students screened over 350 people for high blood pressure. The people monitored varied widely in age, occupation, race and physical size. All had in common the desire to know their blood pressure. The students, were not only excited about performing a new skill, but they wanted to know what the interaction with the public would be. Would they find people with undiagnosed high blood pressure? Could they motivate a possible hypertensive to seek a definitive diagnosis? What are people's attitudes concerning hypertension? What do they think about pharmacists monitoring blood pressure?

Answers to these questions began to take form as the clinic progressed. We found people with elevated readings and counseled them to seek a physician to verify whether they were hypertensive. We found a number of elderly hypertensives, under a physician's care and taking medication, who gave borderline or high readings which seemed to indicate a compliance problem. More than once, we heard someone say, "Yes, my blood pressure is high, but it's not bad for my age."

People talked freely about problems with medication: dizziness, fainting, and headaches. One gentleman told me that he thought his Inderal was causing him to have memory problems and this made him anxious about taking his medication.

Hearing these people talk about their problems has provided us with a deeper understanding of what it means to have hypertension. Hypertension is much more than a reading of 160/98, or taking Chlorothiazide 250 mg. three times a day. It's an awareness that the body somehow is not what it used to be.

As far as what people thought about pharmacists monitoring blood pressure, in general, it was thought to be a good idea. I think the experience of this screening clinic has shown that pharmacists could provide a valuable contribution by providing blood pressure control services. Not only could patient compliance be improved, but many people could be saved from the complications of untreated hypertension by early detection and treatment. There is a need in the community for an accessible health professional that people can go to with their questions. A blood pressure monitoring service provides an excellent forum for these questions.

The hypertension screening clinic was a positive, rewarding experience, and we plan to continue throughout the year. Perhaps, some of us will even continue this effort in our future careers as pharmacists.

Special contributions were made by the following people: Debbie Montague, A. W. Pittman, Lucy Allen, Judy Miles for blood pressure monitoring education, The North Carolina Heart Association for their loan of sphygomanometers and stethoscopes, Michael Barnes for arranging space at University Mall and Tara Gordon for her poster work. Pharmacy student participants in the clinic who gave up their valuable study hours to assure its success: Rob Allen, Shirley Clefton, Sally Crews, Bart Fox, Peggy Gallagher, Tara Gordon, Colleen Gilbert, Sharon Halsey, Mark Johnson, Lisa Kerner, Kelly McKee, Kim Newton, Linda Riggs, Jim Stefanadis, Beverly Sullivan and Marilynn T. Whitmore.

ALUMNI DAY

Your certainly missed something if you weren't here for the 2nd Annual Pharmacy Alumni Day on September 19. The meeting was interesting and informative; the company was good; and the barbecue luncheon was delicious.

During the brief business session, the alumni decided to lend their support to the Student Body's statewide campaign on care of the elderly (recently named "Healthy Aging." You will be hearing more about this in later issues).

The featured speaker was Dr. John Henry Pfifferling, Clinical Associate Professor at the School and Director of the Center for Well Being of the Health Professional. His thought-provoking topic concerned "Professional Burn-Out," and how the pharmacist can avoid it.

By the way, if you are not yet a member of the Alumni Association, contact Mel Chambers, Executive Director. He can be reached care of the Pharmacy Alumni Association, UNC-CH School of Pharmacy, Beard Hall 200H, Chapel Hill, NC 27514.—Remember, we're more than 1000 strong now,—and that's good; but we need all of you to be great!

WITH THE FACULTY

DR. HUGH J. BURFORD conducted a six hour class about "The Pharmacology of Alcohol" for the Breathalyzer Operators School in Clinton, N. C. on September 23.

FRED M. ECKEL was part of the ACPE (American Council on Pharmaceutical Education) Accreditation Team that went to Duquesne University in Pittsburgh, Pennsylvania on September 22-24.

DR. ABRAHAM G. HARTZEMA had his paper, "A Comparison of Three Different Populations on Their 'Expectancy' About Self-Medication on Medical Treatment" presented at the 41st International Congress of Pharmaceutical Sciences in Vienna, Austria on September 9.

PATSY HUFF spoke about "Drug Use in Pregnancy and Lactation" to the Eastern AHEC in Williamston, NC on September 8 and to the Eastern AHEC in Goldsboro, NC on September 30.

PAMELA JOYNER presented a paper to the Johnston County Pharmaceutical Association entitled "Wake County AHEC Pharmacy Program" in Smithfield, NC on September 30. She was also elected to the Executive Committee of the North Carolina Pharmaceutical Association.

DR. L. J. LOEFFLER presented, with IRIS H. HALL and Gregory Conway, a paper entitled, "Synthesis and Antitumor Activity of Aziridine Substituted 1-H-Indazole-4, 7-Diones" at the American Chemical Society, Division of Medical Chemistry Convention in New York City on August 27.

DR. KUO-HSIUNG LEE published, with Toshiro Ibuka, Donald Sims, Osamu Muraoka, Hiroshi Kiyokawa (a post-doctoral fellow) and IRIS H. HALL a paper entitled "Antitumor Agents. 44. Bis(helanalinyl) Esters and Related Derivatives as Novel Potent Antileukemic Agents" in the Journal of Medicinal Chemistry, Volume 24.

DR. HERBERT PATTERSON spoke on "Pharmacology and Pharmacokinetics of Verapamil, A New Agent to Treat Arrhythmias" at The Career Management/ Calcium Antagonist Seminar of the North Carolina Society of Hospital Pharmacists meeting at the UNC School of Pharmacy on September 11.

A. WAYNE PITTMAN moderated a discussion about "Calcium Antagonists in Cardiac Arrythmias" at that same seminar.

DEAN TOM S. MIYA served as chairman of one of the four sessions of a workshop in toxicology co-sponsored by the Society of Toxicology and the Food and Drug Administration at the Deer Creek State Park in Ohio on September 13-16. DEAN MIYA also served as an evaluation team member for doctoral programs for the coordinating board of the Texas Colleges and University System in San Antonio and Austin on September 23-26.

IRIS H. HALL published, with K. H. LEE, W. Willingham, E. A. Stafford, S. H. Reynolds, S. G. Chaney, and M. Okano, a paper entitled, "Mechanism of Eukaryotic Protein Synthesis Inhibition by Brusatol" in Biochem et Biphys Acta, 654. She also gave a guest lecture at Sandoz about "Imide Hypolipidemic Agents" in Newark, New Jersey on September 15. In addition, she was interviewed for "Tarheel Voices" radio program on September 23 on the subject of "Borane Antiarthritic Agents."

The following article is the first in this year's series of papers selected for publication in Script from papers written by 3/5 students in Pharmacy 21, Drugs, the Pharmacist, and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy.

THE DIMETHYL SULFOXIDE CONTROVERSY

by Jerry Beamer 3/5

Dimethyl sulfoxide (DMSO) is a relatively simple molecule that has been used by a number of people in the past. Many of these people claim that dimethyl sulfoxide is a safe, effective drug. On the other hand, there are those who claim otherwise. This is much of the reason that DMSO was banned by the Food and Drug Administration (FDA) in 1965. In that year it was decided that clinical study should be restricted because some animals that received large doses of the drug displayed changes in the refractive index of their ocular lens. Regardless of the controversy over DMSO, the claims of successful treatments are still there and worth considering.

The claims of dimethyl sulfoxide cures concerning aches and pains range from headaches to arthritis. These discomforts must be faced by millions of people each day. But there is marked evidence that indicates that DMSO may be the answer to many of these common ailments, Henry Ogden, associate professor at Louisiana State University Medical School, reports 100% cures in his tests using DMSO as a headache remedy. In his study, Ogden found that ten out of ten patients were cured of headaches when DMSO was applied to hairy areas of the scalp as close to the eyes as possible. In another study at George Washington University conducted by Lester Blumenthal and Marvin Fuchs, the results were not 100%, but were still promising. The patients were treated with DMSO for a variety of headaches, neck pains, and cranial neuralgia. The tests of 154 patients revealed that 35 got excellent results, 60 reported good results, while 59 said that their results were poor.

Along with headache cures, it has been found that DMSO, when applied as a 50-90% solution, relieves pain, tenderness, and swelling in many cases involving sprains and bruises. Dimethyl sulfoxide can be used to enhance the effectiveness of such drugs as corticosteroids and antineoplastics in the treatment of certain skin disorders. In fact, the FDA realized the potential of DMSO in topical treatments and began allowing studies of short-term topical use in 1968.

With the information given thus far, one might wonder why DMSO is not widely used in the United States today. Along with the previously stated finding that the lens in some animals is affected by DMSO, there are certain side effects encountered with the use of this drug. Reports have shown evidence of burning, itching, and blistering. These discomforts result from vasodilation. Another factor to be considered is the lack of research with dimethyl sulfoxide. Even though the FDA lifted regulations of DMSO investigation in 1980, most drug companies are not doing research in this field. This is simply because they do not want to invest in the research and marketing of a drug that cannot be patented. Although DMSO cannot be a huge financial success, research must be done.

Pharmacists, as well as other health professionals, must stay abreast of developments concerning DMSO. They should also be aware of current regulations of DMSO today. There is a great potential of DMSO misuse because of its availability (legally sold by pharmacists as a solvent) and also because of its widespread publicity as a cure for many ailments. The pharmacist bears a large responsibility in the regulation of DMSO. If he recommends the DMSO solvent for use as a drug, the pharmacist is criminally liable. Although many feel that dimethyl sulfoxide is the drug of the future, strict regulation must be maintained until proper research gives us an indication of its safety.

Until that time, we can neither legally nor safely utilize dimethyl sulfoxide to relieve many of our everyday aches and pains.

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REPORT

COMMITTEE
on
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Charlotte, North Carolina
April 26-28, 1981

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Jack Upton, Greensboro
John Myhre, Garner
Larry Long, Greensboro
Randy Jones, Elizabethtown
George Willets, III, Wilmington
A. H. Mebane, III, Consultant, Chapel Hill

NCPhA Institutional Pharmacy Committee Report

The NCPhA Institutional Pharmacy Committee met at the Institute of Pharmacy in Chapel Hill, at 2 P.M. on Sunday, January 25, 1981. The following members were in attendance:

Hugh Clark, Chairman
Al Mebane, Consultant
Laura Burnham
Jack Upton
John Myhre
Larry Long
Randy Jones
George Willets, III

Minutes of the last meeting, April 15, 1980, were read and approved. Larry Long reported that Joe Johnson, Chairman of the 1979-80 Committee, had contacted him regarding Medicaid reimbursement for unit-dose medications. Although no solution had been found, the Academy of Consultant Pharmacists (NCACP) will continue to work for reimbursement of unit-dose medications.

Agenda Items Previously Mailed to the NCPhA Committee Members for Discussion at the January, 1981, Meeting.

1. *Need, Purpose, and Function of NCPhA Committee*—General consensus of members is that clear guidelines have not been established as to the need, purpose, or function of the committee; that the committee should continue to exist but develop a clear direction.

   RESOLUTION: That the Executive Boards of the NCPhA, NCSHP, and the NCACP meet in joint session at least once a year to discuss items of mutual interest and identify the functions and tasks of the committee.
2. *Classification of Pharmacists Who Work as Inhouse Pharmacists in Nursing Homes*—These pharmacists are in the unique position of being neither retail pharmacists nor hospital pharmacists. As the Academy of Consultant Pharmacists (NCACP) becomes better organized, a forum will be established through which pharmacists may express such concerns.
3. *Medicaid Payment for Unit-Dose Medications*—Committee members agree that the minimal extra cost of unit-dose packaging is cost effective in that accountability and safety is more desirable than that of traditional packaging.

   RESOLUTION: The NCPhA, NCSHP, and the NCACP will intensify lobby efforts to establish a payment schedule for unit-dose packaging.
4. *Proposed Regulation to Allow Nursing Homes to Order and Stock Certain Controlled*

Drugs—The committee reviewed the proposed amendments to the regulations of Controlled Substances Act, 10 NCAC 45G, Rule .0413. The rule if passed would read:

(1) Nursing Homes and other similar Long Term Care Facilities are authorized to stock not more than ten (10) controlled substance entities (Schedules II-V) has determined by the medical staff of the facility with the approval of a consultant pharmacist.
(2) A facility shall be permitted to possess not more than eleven (11) doses of each controlled substance entity for each licensed bed. The eleven (11) doses of each controlled substance entity may be of the same or differing concentration.
(3) The controlled substance stock supply shall be used only for administering purposes for bona fide facility patients.

Consensus of committee is that the proposed change is not in the best interest of the public, that less accountability, and less control would result.

RESOLUTION: That the NCPhA, NCSHP, and the NCACP actively lobby for the defeat of this change in regulations.

5. *NCPhA Committee's Role in Promoting the Adoption of the New Pharmacy Practice Act*—The final draft of the "Proposed Pharmacy Practice Act" dated January 12, 1981, was reviewed. The committee agreed that the revision is in the best interest of the public.

RESOLUTION: The Pharmacy Institution Committee supports the Pharmacy Practice Act as amended and urges the NCPhA, NCSHP, and the NCACP to actively work for its passage when presented to the legislature.

There being no further business, the committee adjourned at 4 P.M.

Submitted by:
Hugh M. Clark, Chairman

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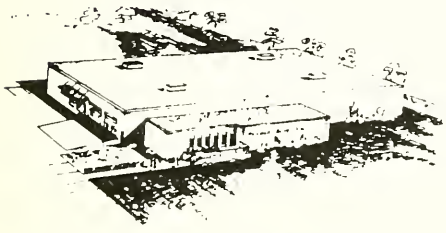

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Averages per Pharmacy	1980 *NORTH CAROLINA* (47 Pharmacies)	1979 *NORTH CAROLINA* (31 Pharmacies)	UNITED STATES AVERAGE (2,070 Pharmacists)
SALES			
Prescription	$271,935— 64.6%	58.5%	51.2%
Other	149,266— 35.4%	41.5%	48.8%
Total	$421,201—100.0%	$410,106—100.0%	$416,161—100.0%
COST OF GOODS SOLD	275,108— 65.3%	64.3%	65.7%
GROSS MARGIN	$146,092— 34.7%	35.7%	34.3%
EXPENSES			
Proprietor's or manager's salary	$ 25,625— 6.1%	7.1%	6.2%
Employees' wages	56,519— 13.4%	13.2%	11.8%
Rent	8,897— 2.1%	2.2%	2.4%
Miscellaneous expenses	39,559— 9.4%	10.4%	10.6%
TOTAL EXPENSES	$130,600— 31.0%	32.9%	31.0%
NET PROFIT (before taxes)	$ 15,492— 3.7%	2.8%	3.3%
TOTAL INCOME OF SELF-EMPLOYED PROPRIETOR (before taxes on income and profit)	$ 41,117— 9.8%	9.9%	9.5%
VALUE OF INVENTORY AT COST AND AS A PERCENT OF SALES			
Prescription	$ 30,799— 11.3%	10.5%	11.6%
Other	41,277— 27.7%	22.3%	20.9%
Total	$ 72,076— 17.1%	15.4%	16.1%
ANNUAL RATE OF TURNOVER OF INVENTORY	4.0 times	4.2 times	4.2 times
NUMBER OF PRESCRIPTIONS DISPENSED			
New	14,767— 39.5%	45.9%	49.6%
Renewed	22,618— 60.5%	54.1%	50.4%
Total	37,385—100.0%	100.0%	100.0%
PRESCRIPTION CHARGE	$7.27	$6.92	$7.85
NUMBER OF HOURS PER WEEK			
Pharmacy was open	63 hours	64 hours	63 hours
Worked by proprietor	48 hours	45 hours	49 hours
Worked by employed pharmacist(s)	43 hours	41 hours	38 hours

*Source: 1981 *Lilly Digest*

BUTLER, EDWARDS, HOLLAND WIN AWARDS FOR SCHOOL OF PHARMACY

Linda Butler, Chapel Hill, Joseph A. Edwards, Raleigh, and Nick Holland, Chapel Hill, each has won a $750 award in the Burroughs Wellcome Pharmacy Education Program.

The award money will be presented to the University of North Carolina School of Pharmacy in their respective names to establish a loan fund for needy/deserving undergraduate pharmacy students.

The $117,000 Pharmacy Education Program is sponsored by Burroughs Wellcome Company and more than 35,000 pharmacists across the country submitted entries this year. Three pharmacists from each state and the District of Columbia and Puerto Rico were selected as winners.

TMA FOUNDATION

A substantial contribution to the TMA Foundation in memory of Lucille and T. G. Barbour has been made by Reuben E. Russell, Charlotte, announced William P. Brewer, Secretary-Treasurer of the Foundation.

NEW PHARMACY RELATION'S MANAGER—ABBOTT

The new Manager of Trade Relations at Abbott Laboratories is Robert D. Mahovsky (Bob). Previously, Bob was a Sales Training Program Manager. He joined Abbott in October, 1972, as a sales representative in the Minneapolis, Minnesota area. In 1977, he was promoted to the Home Office as Manager of Sample Promotions, and in July, 1978, became a Sales Training Program Manager.

Award drawing during the NARD Convention in San Antonio: left to right: Beebe Rabil, Ernest Rabil, Edith Edmunds, Ralph Ashworth, Marion Edmunds, Jesse Pike, David Work, Marshall Sasser, Daphne Ashworth, Al Mebane, Nina Creasman, Sarah Sasser, and LaMar Creasman.

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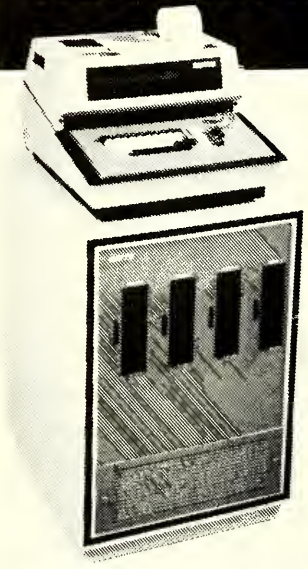

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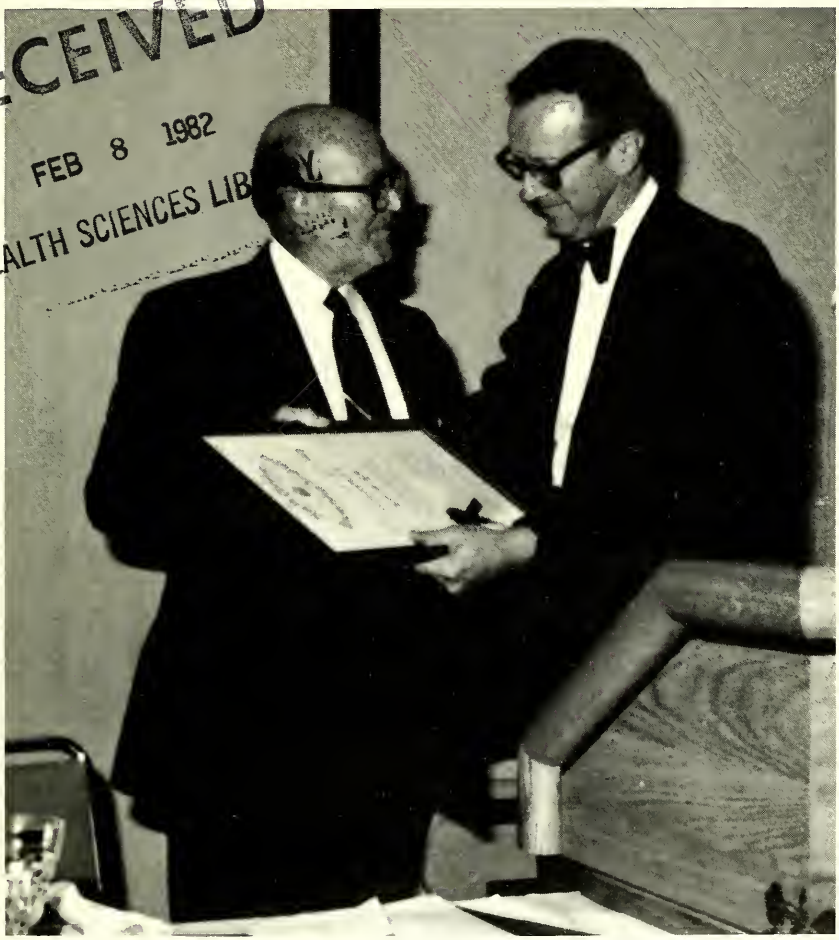

Jesse M. Pike, left, is presented his certificate of membership in The North Carolina Pharmacy Hall of Fame, by NCPhA President J. Marshall Sasser. Story on page 4. Photo by Colorcraft.

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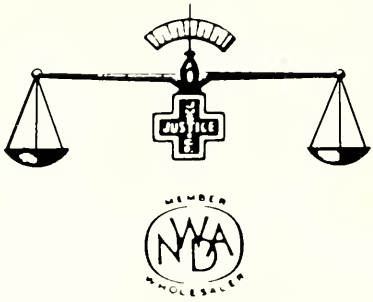

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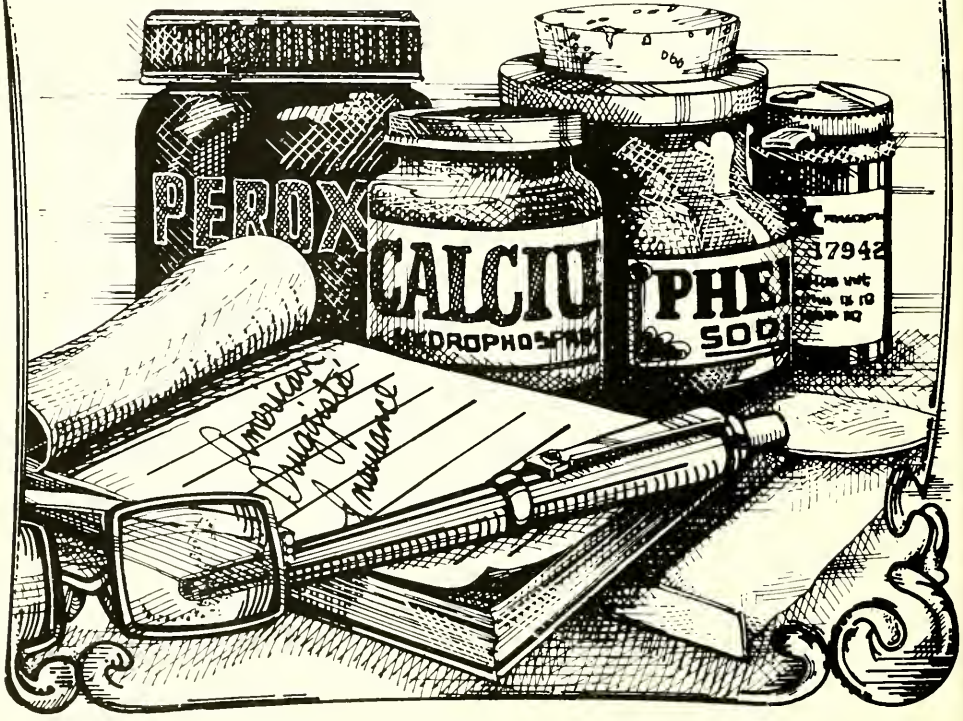

THE CAROLINA JOURNAL of PHARMACY

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PIKE HONORED BY NCPHA

Jesse M. Pike, Concord, was honored at a dinner sponsored by the North Carolina Pharmaceutical Association at the Hotel Europa in Chapel Hill, Saturday, November 21. The dinner was in recognition of the contributions made by Pike as 1980-81 president of the National Association of Retail Druggists.

Friends from across the state and nation met to honor Pike, including William E. Woods, Executive Vice President, NARD, Washington, D. C.; Neil L. Pruitt, current NARD President, Toccoa, GA; John Johnson, NARD President-Elect, Bellevue, NE, and W. Seymour Holt, Vice President and General Manager, Dista Products, Indianapolis, IN.

J. Marshall Sasser, President of the North Carolina Pharmaceutical Association, was master of ceremonies, and Mr. Woods, Mr. Johnson and Mr. Pruitt, along with W. J. Smith, Director Emeritus, NCPhA, told of Mr. Pike's many contributions to pharmacy. Mr. Pruitt said "during his term as president Jesse was truly an ambassador of good will for independent retail pharmacy. He is first and foremost a community pharmacist and believes that no other kind of pharmacy practice offers the rewards community pharmacy brings." Mr. Woods said "Pharmacy never had a better friend than Jesse Pike. The most effective spokesman for independent retail pharmacy has been Jesse Pike. He is a true believer and as NARD president carried the message to hundreds of his colleagues around the country." Mr. Smith told of Pike's early days, helping in the family drug store in Concord, his legacy as a member of an award winning pharmacy family, and his contributions to North Carolina Pharmacy, including service as a member of the N. C. Board of Pharmacy, president of the N. C. Rexall Drug Club, and as member or chairman of most of the 20-odd NCPhA committees. He was chosen North Carolina Pharmacist of the Year in 1975. Mr. Smith said Pike was a self-made man, with help from his wife Dorothy, his family, and lots of friends and colleagues.

Mr. Woods and Pruitt, on behalf of the NARD, presented to Pike a resolution which read:

WHEREAS, Jesse M. Pike, Sr., has served as outstanding term as President of NARD during a period of time when NARD has achieved great stature in the association and professional communities, and

WHEREAS, he has provided effective and inspirational leadership to the officers, Executive Committee, Executive Vice President, staff, and thousands of NARD members throughout the nation, and

WHEREAS, his unfailing dedication and enormous contributions have enhanced national recognition of NARD's standing as the only effective advocate for independent retail pharmacy, and

WHEREAS, these qualities of leadership have always been part of his commitment and devotion to the causes of the independent:

BE IT RESOLVED that the NARD Executive Committee heartily thanks Dorothy Pike for allowing her kind husband to serve our organization so admirably and unswervingly, and

BE IT FURTHER RESOLVED that the Executive Committee commends Jesse Pike for his many years of extraordinary special service to NARD and to all of the nation's pharmacists.

At the conclusion of the program, President Sasser presented Mr. Pike a certificate of

Mr. and Mrs. Jesse M. Pike
photo by Colorcraft

membership in the North Carolina Hall of Fame in Pharmacy, joining such persons as E. C. Daniels, Mr. and Mrs. W. J. Smith, P. A. Hayes, F. O. Bowman, C. T. Council, J. Floyd Goodrich, Charles M. Andrews, Carl Durham, Kelly Bennett, and Dr. Henry Totten. This is the highest honor that can be given by the Pharmaceutical Association.

Among those gathered at Jesse Pike's appreciation dinner were (left to right): L. Marshall Sasser, President, North Carolina Pharmaceutical Association; John Johnson, NARD President-Elect; Jesse Pike; NARD President Neil Pruitt; A. H. Mebane, Executive Secretary, North Carolina Pharmaceutical Association; and NARD Executive Vice President William E. Woods.

DON MILLER MEMORIAL CONTRIBUTIONS

Memorial contributions to the Consolidated Pharmacy Student Loan Fund in the name of Donald J. Miller, recently deceased past-president of the North Carolina Pharmaceutical Association, have been received from Lloyd Milton Whaley, Durham, and Mr. and Mrs. W. Whitaker Moose, Mt. Pleasant. Memorials to the Consolidated Student Loan Fund benefit needy-deserving undergraduate pharmacy students through loans, to be repaid after graduation. No interest is charged and the students may borrow up to $1,800 for living and school expenses during their three years in pharmacy school. These funds have been made available through contributions from pharmacists, spouses and other friends of pharmacy. Memorials are a meaningful and appropriate gift and may be sent to the NCPhA in Chapel Hill.

Dave Schmidt and Harles Cone, Ph.D., teach you how to improve your professional image, interpersonal relations, communications, how to understand, and even predict human behavior. We call it Professional Development and consider it of great value to the pharmacy profession. The Upjohn Company is proud to have been a pioneer in bringing these Professional Development Programs to pharmacy. During the past 8 years, Dave, Harles and others have presented scores of seminars for over 27,000 pharmacists. Perhaps you were among them.

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LOCAL NEWS

ALAMANCE COUNTY PHARMACEUTICAL ASSOCIATION

The Alamance County Pharmaceutical Association met Wednesday September 23 at the Alamance Country Club. Nancy Gardner, president, introduced the speaker, Tim Ives, Pharm.D., who is clinical professor at UNC School of Pharmacy.

Mr. Ives presented an update on drug interactions which is a topic of much concern to pharmacists, since three to five percent of hospital admissions have been shown to be drug-related. Mr. Ives discussed types of reactions, terminology of interactions, factors affecting a person's response to medication, and methods by which drugs interact. He then went on to describe some significant drug interactions including that between digoxin and quinidine which has recently received attention.

Following Mr. Ives's presentation, a proposal was made and accepted that the Association subscribe to *Reactions*, which is published twice monthly by ADIS, and *Drug Interactions Newsletter* which is published monthly, in order to keep its members up to date on drug interactions.

Mr. Jack Watts, treasurer, announced that the price of prescription pads provided by Quality Printers has increased to $4.00 per thousand retroactive to September 1. Before closing the meeting, Ms. Gardner announced that Mr. Al Mebane will speak at the next meeting.

Diane Fink, Secretary

Anatomy lesson—a little toe is a device to locate furniture in the dark.

ELIZABETHTOWN

Alfred Gene Smith was elected chairman of the Bladen County Social Services Board early this summer.

WASHINGTON

Jimmy Oakley has been re-appointed to the Board of Trustees of Beaufort County Community College by Governor James B. Hunt.

GREENSBORO

The regular monthly meeting of the Guilford County Society of Pharmacists was held on Tuesday, September 8, 1981 in the Kiser Building of Wesley Long Community Hospital. The meeting was called to order by President Arnie Cherson, who then introduced the evening's speaker, Al Mebane, Executive Secretary of the North Carolina Pharmaceutical Association. Among the topics discussed by Mr. Mebane were proposed changes in the N. C. Title XIX Drug Program; legislation such as HB1300 which would grant an equitable medicaid fee of $3.50, with provision for review each time state employee's salaries are reviewed (to be introduced hopefully in October session of General Assembly); how the Pharmacy Practice Act (HB295) faired in the last session of the legislature; and the Pharm D program begun this academic year at the UNC School of Pharmacy. Mr. Mebane stressed to all present the importance of every pharmacist knowing and being able to call on at least one of his representatives in the N. C. General Assembly in the effort to get legislation favorable to pharmacy passed in the legislature.

There being no further business, the meeting was adjourned.

Respectfully submitted,
J. Frank Burton,
Secretary-Treasurer

HILLSBOROUGH

Evelyn P. Lloyd has been elected chairman of the Orange County Board of Health. Miss Lloyd was the former vice-chairman.

WAKE-DURHAM-ORANGE COUNTIES

The Burroughs-Wellcome Company hosted the joint meeting of the Wake County Pharmaceutical Association and the Durham-Orange Pharmaceutical Association Wednesday, November 4, 1981, at the corporate headquarters, Research Triangle Park. After a social hour and dinner, an excellent presentation on "Acyclovir-Herpes Wonder Drug" was given by Evelyn McCarty.

(Continued on page 9)

Thanks, University of Mississippi

School of Pharmacy
University, Mississippi

These young people recently spent a very full day at Abbott, touching bases in research, development and production.

Many of them were impressed—and said so—with the hundreds of steps and precautions taken to assure a top-quality product.

We were impressed, too—with them.

They were bright, curious, professional and very excited about their careers.

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CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

CHARLOTTE, NORTH CAROLINA

The Charlotte Chapter of the Women's Pharmaceutical Association held its annual bazaar on Tuesday, November 10. After a delicious lunch, the bidding began and after it was all over the total money contributed to the treasury was $329.75.

The officers for the year 1981-82 are:

President
Mrs. Edward C. Anselment (Myrt)
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2nd Vice Pres.
Mrs. Sam E. Lowman (Linda)
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Mrs. C. Gibbs Henley (Evelyn)
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Mrs. James W. Harrelson (Phyllis)
Advisor
Mrs. Jesse E. Oxendine (Jewell)

Two members of the Charlotte club attended the Fall Convocation held in Chapel Hill on October 23. They were Mrs. Jessie (Jewell) Oxendine and Mrs. Edward C. (Myrt) Anselment.

WHAT THE PRESCRIPTION MEDICATION LABEL MUST CONTAIN . . .

The pharmacist dispensing a prescription order for a controlled substance must affix to the container a label showing the pharmacy name and address, the serial number and date of initial dispensing, the name of the patient, the name of the practitioner issuing the prescription order, the directions for use and cautionary statement, if any, contained in the prescription order as required by law.

The label of any drug listed as a "Controlled Substance" in Schedules II, III, or IV of the Controlled Substance Act shall, when dispensed to or for a patient, contain the following warning: CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED. (*Pharmacist's Manual:* US Dept. of Justice Drug Enforcement Administration.)

THE GUILFORD COUNTY SOCIETY OF PHARMACISTS

GREENSBORO, NORTH CAROLINA

The regular monthly meeting of the Guilford County Society of Pharmacists was held on Tuesday, November 10th, 1981 at 8:00 p.m. in the Kiser Building of Wesley Long Community Hospital. Guest speaker for the evening was Ms. Anita Baker, Biofeedback Therapist for Guilford Neurological Associates in Greensboro. The assembled members and guests were treated to a very informative discussion and demonstration of the use of Biofeedback equipment in the treatment of stress related disorders, especially vascular and other stress type headaches. Ms. Baker also demonstrated various techniques used to help patients learn to recognize early signs and symptoms of attacks, and use relaxation exercises to help prevent them.

During a short business session following the program, Secretary Frank Burton thanked all those who had been active in the effort to contact members of the N. C. General Assembly and seek a change in the impending new Medicaid regulations, dispite the failure of this effort to get the legislation reconsidered during the short session called for redistricting. Also, a motion was passed that the Society donate the sum of fifty ($50.00) to the Christmas Red Stocking Fund for 1981. There being no further business, the meeting was adjourned.

J. Frank Burton
Secretary-Treasurer

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DOES NORTH CAROLINA HAVE SERIOUS PROBLEMS WITH TOXIC SUBSTANCES?

by
Don Huisingh Ph.D.
Toxic Substances Project Leader

In recent years, our society's confidence in the benefits of scientific and technological advances has been shaken by evidence that in some instances adverse human health effects have resulted from the use, misuse or abuse of a particular toxic substance or substances.

There is no need for us to reiterate the stories about problems associated with the improper management of vinyl chloride, PCBs, Selenium, Mercury and other substances. The public has become alarmed and fearful in reaction to reports that have been based upon incomplete or misinformation.

In order to provide our industrial, governmental, and private citizens with *objective, factual* and *complete* information about the relative risks and benefits associated with various substances, the North Carolina Toxic Substances project entitled, "The Identification, Assessment and Control of Toxic Substances in North Carolina," was initiated in July, 1980, under the direction of Dr. Donald Huisingh, biochemist and plant pathologist. The project, funded by a two-year grant from EPA under the Toxic Substances Control Act, is operating within the Governor's Office through the North Carolina Board of Science and Technology.

The primary objectives of the project are to:

1. Develop a profile of substances produced, used or that accumulate as hazardous wastes in North Carolina;
2. Determine the possible risks of selected toxic substances that are most likely to cause significant adverse health or environmental effects;
3. Identify sources, levels and duration of human exposure in North Carolina to these toxic substances;
4. Develop and implement a comprehensive plan for the safe management of those toxic substances for which the adverse effects are determined to exceed the beneficial effects.

Much progress has already been made toward these objectives, and toward answering the question posed by the title of this article. Future news articles will explore the details of our findings and recommendations on toxic substances education, research and management approaches of interest to North Carolina.

Anyone having questions or wishing to have more information about the findings of the project to date, please contact:

Dr. Donald Huisingh
Toxic Substances Project Leader
Office of the Governor
116 West Jones Street
Raleigh, North Carolina 27611
(919) 733-2770

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"Managing a small independent chain means I'm dealing every day with all the problems that confront most small businessmen," says Wesley N. Shelton, R.Ph., who owns and operates four pharmacies in Baltimore, Md.

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We hear you, Wesley Shelton

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For information about these programs, contact your SK&F Representative.

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BLOCK GRANTS: WHAT ARE THE IMPACTS?

The following article, prepared by Jessie M. Smallwood, Executive Director of the New Orleans Area Health Systems Agency, appeared in Update, the agency newsletter, and is reprinted by permission.

President Reagan's rationale for block granting social, health, and general welfare programs is clearly stated in the Administration's February 19, 1981, budget document to Congress, as "A program for economic recovery . . . which will enable states to plan and to coordinate their own service programs and to establish their own practices (priorities) . . ."

Originally, the Reagan administration proposed to consolidate 25 separate programs into four block grants:

- Social Services
- Energy & Emergency Assistance
- Health Services
- Preventive Health

According to the administration, block granting means that the Federal Government will send an allotment for each block to the state. Each state would be reasponsible for defining which programs will be funded; which programs will be cut; and how to absorb impacts caused by the Medicaid and Medicare caps. There were to be no minimum standards required or regulations to guide the states in making these decisions. Ultimately, states and local governments would be freed from all Federal legislative and regulatory restrictions regarding the allocation of funds for social and health programs.

Blocks grants supposedly would consolidate the Federal grants now parceled out in hundreds of rigidly defined "categorical" programs. So doing would save overhead costs considerably. It would let states adapt the money to local conditions and introduce much needed flexibility in administration. Above all it would break up the innumerable "iron triangles" of interest groups, program bureaucracy and congressional subcommittees that have wrecked all previous tries at budget control.

That's the theory at least. Recently, one of the toughest congressional budget battles was over the Administration's proposal to lump more than two dozen health and social programs into four huge block grants to the states with funding slashed by 25%. The Reagan Administration won this battle and, as of this writing, block grants are a reality. However, the reality may not be acceptable to the states.

Reconciliation

On July 29, the House-Senate Conference on the massive Reconciliation Legislation was completed. Highlights of the conference-approved bill are as follows:

- A state can only begin receiving block grant funds after it certifies to the relevant Federal agency that the state has:
  a. prepared a detailed report on the proposed use of the block grant funds;
  b. made the report public within the state so as to encourage public comments; and
  c. conducted a public hearing on the use and distribution of block grant funds proposed in the report.
- For FY '82 only, the state certification referred to above must be submitted prior to October 1, 1981, if the state wishes to receive block grant funds beginning then. Otherwise, the certification must be submitted at least 30 days prior to January 1, 1982, April 1, 1982, or July 1, 1982 (depending on which quarter the state wishes to begin receiving block grant funds).
- General Accounting Office will evaluate and review the use of block grant funds by states.
- Each state is required to conduct two-year audits of its block grant funds.

Impact considerations

Block granting is not a new concept. Many block grant programs have been tried during the last decade, including law enforcement social services, community development, and employment (CETA). Cities which learned from revenue sharing found it's a very tricky thing for a central government to try to give back power. The vehicle for returning power quickly becomes another extension of Federal control at the state level. The "iron triangles" of interest groups are transferred from the Federal level to the state level.

(Continued on page 16)

We must consider that:

- Block grants don't mean unfettered discretion for states. Over time, "creeping categorization" tends to set in, both from the Federal level and, more important, from the state. Some cross-cutting strings cannot be snipped (such as requirements for Section 504 handicapped regulations or equal opportunity employment). Judicial decision also will tend to limit discretion.
- Block grants don't necessarily mean lower administrative costs, just shifting of costs to the states receiving the grants.
- Blocks grants do give local elected officials control over shrinking resources—but in the process they put pressure on officials to make hard choices.
- Block grants require the establishment of planning and budgeting mechanisms at the state level which may not currently exist.

PHARMACY DESTROYED BY FIRE

Mann Drug Store in Eden was destroyed by fire late Sunday night, December 13. Prescription records, stored in fireproof containers, were saved, and the pharmacy started dispensing prescriptions, new and refills, from an adjoining building, with pharmaceuticals brought from the Reidsville store.

Store manager Willie Shoemaker said he intended to reopen in the same location. "We're going to start rebuilding right now. I've been here 17 years and I hope, when we get this building back in shape, we're going to be here another 17 years." Shopping center officials estimate it will take about three months to rebuild the store and have it ready for business.

KINGS MOUNTAIN

An armed bandit escaped with cash and a quantity of controlled substances from the Revco Drug Store, Friday night, July 24.

SPEED

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57 UNIVERSITY OF SOUTH CAROLINA PHARMACY STUDENTS VISIT SMITH-SPARTANBURG

Smith Drug Company Division J. M. Smith Corporation, Spartanburg, S. C. was host recently to 57 students from the University of South Carolina College of Pharmacy. The visit is a part of their course in Marketing and Pharmacy Management. A tour of Smith's Drug Division was given, showing their modern up-to-date facilities for processing wholesale drug orders.

Following the tour, J. M. Smith, Jr., Chairman of J. M. Smith Corporation, spoke to the group on the economics of wholesaling and data processing along with some projections of what the future may bring. B. E. Shelley explained Smith's retail and hospital buying services and how the collection of S. C. Medicaid and unique price sticker changes can be simplified via SPEED (*S*mith *P*ortable *E*lectronic *E*ntry *D*evice).

A demonstration of the *QS/1 Pharmacy System*, developed by Smith's Data Processing Division, using the IBM Series/1 Computer and a tour of their new office complex on Howard Street was given by Ken Couch, QS/1 Marketing staff.

The students were accompanied by Mike Dickson, Ph.D. Associate Professor, Department of Pharmacy Practice.

UNC SCHOOL OF PHARMACY EMPLOYERS' DAY

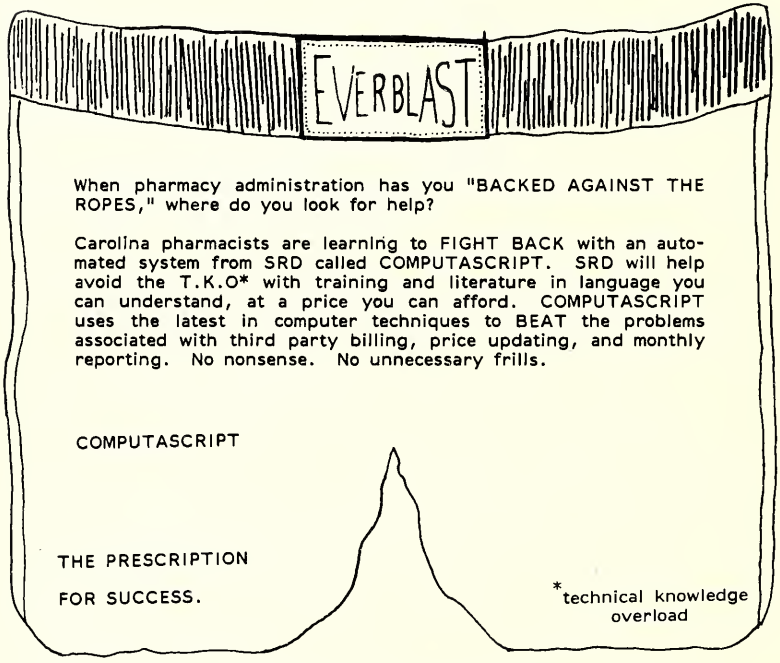
Each year the School of Pharmacy sets aside one day for prospective employers to meet with graduating students.

This day is Friday, March 26, 1982. There are approximately 125 graduating seniors, many of whom will be seeking employment. Informal interviews and personal data forms will assist employers choose students for available positions and future positions.

Anyone wishing to participate in this program should contact—Jack K. Wier, School of Pharmacy, 919-966-1121.

1982 NCPhA Annual Convention
Winston-Salem—April 4, 5, 6.
Make plans now to attend.

BACK the X WINNER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BRYSON PROMOTED BY LILLY

Eugene F. Ratliff, vice president, chief financial officer and member of the Board of Directors of Eli Lilly and Company, has announced plans to retire December 31, 1981. His retirement will conclude a career of almost 35 years with the company.

As a result or Mr. Ratliff's retirement, the Lilly Board of Directors has named A. Malcolm McVie executive vice president and chief financial officer. He will assume all of Mr. Ratliff's present responsibilities January 1, 1982.

At the same time, Vaughn D. Bryson will become president of Elanco Products Company, the agricultural products marketing division of Lilly, and will report directly to Richard D. Wood, Lilly Board chairman.

Mr. Bryson, a native of Gastonia, N. C., received a B.S. in Pharmacy from the University of North Carolina School of Pharmacy in 1960 and completed the Stanford-Sloan program at the Stanford University Graduate School of Business in 1967. He joined Lilly as a pharmaceutical sales representative in 1961 and later held positions in sales management, market research, distribution and materials planning, and industrial relations, before becoming executive director of corporate pharmaceutical market planning in 1974.

A year later he accepted a position in Eli Lilly International Corporation as area director for Japan and the Far East. In 1976 he became a vice president for Lilly International, with responsibility for Australia, Canada, South Africa, Japan and the Far East. In 1979, he moved to London with responsibility of Europe, the Middle East, and Africa as well as the European office in London. Bryson is registered as a pharmacist in North Carolina and is a member of the North Carolina Pharmaceutical Association and the Stanford Business School Association.

1982 NCPhA Annual Convention
Winston-Salem—April 4, 5, 6.
Make plans now to attend.

Vaughn D. Bryson

MANDATORY PPIs DROPPED

The Reagan administration announced plans to drop the much discussed mandatory Patient Package Insert pilot program for ten of the most widely prescribed drug products. Health and Human Services Secretary Schweiker and the Food and Drug Administration will formally propose rescinding its plan for a three-year experiment with the PPIs. Schweiker has ordered FDA Commissioner Arthur H. Hayes to set up a Committee on Patient Education to serve as a catalyst for private sector initiatives in this area. In a joint statement with Hayes, Schweiker said HHS is committed to the need for patients to have more information about prescription drugs. The review of the pilot program showed it to have limitations and to impose unreasonable constraints on the health care system. They said there are other, more cost-effective ways to give consumers information about drugs, such as binders with drug information kept on public display in pharmacies.

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DEATHS

DONALD JOSEPH MILLER

Don Miller, Morganton, a past-president of the North Carolina Pharmaceutical Association, was killed while hunting on a private game preserve in Iredell County, Tuesday, November 10. He apparently stumbled and fell while crossing a creek and his firearm discharged, fatally wounding him in the chest.

Miller was the owner and general manager of Professional Placement and Brokerage Services, and represented Northwestern Mutual Life Insurance Co. and an area agent. He founded Miller's Pharmacy and Wes Mor Pharmacy, both in Morganton, which he sold in 1972. He was president of the UNC School of Pharmacy, an officer in the Order of the Holy Grail and the Order of the Old Well, while in college. He was a retired officer in the Air Force Reserve. Miller is survived by his wife Nancy, and sons Mark and Scott.

RICHARD BUXTON OVERTON, JR.

Richard Overton, 41, died December 8, 1981, after several months of ill health. A 1962 graduate of the UNC School of Pharmacy, Overton is survived by his wife Carolyn Wilson Overton, two daughters, and his mother.

WILLIAM JAY SWAN

William J. (Bill) Swan, Fletcher, died September 21, 1981, at the age of 56. Swan was retired and a veteran of World War II. He was a Mason and a Shriner, and is survived by three daughters, a son and two brothers.

GREENSBORO

Edmonds Drug Store was robbed for the second time in less than a week Wednesday afternoon, September 2, when an armed man escaped with $60 in cash and at least $400 in drugs. The man waited until the store had no customers then pulled a gun on an employee and demanded drugs. He cleaned out the narcotic safe and the cash register.

BIRTHS

Connie and Michael Garrison of Wilmington are happy to announce the birth of their son Russell Eugene (8 pounds 3 ounces) on November 23rd. Russell has an older brother Wesley who is three and is proud of *his* little "brudder."

THE NORTH CAROLINA ACADEMY OF CONSULTING PHARMACY

The Elections Committee of the North Carolina Academy of Consulting Pharmacy met Thursday, January 7, 1982, to tally the ballots. The results are printed below.

These officers will be installed at a special meeting of the Academy tentatively scheduled for mid February (exact date to be announced after the meeting of the Board of Directors).

Congratulations to the winners. The election was close in every category. To those not elected, Best of Luck next time.

Larry Long,
Darrell Estes,
Al Mebane

ELECTION RESULTS

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Vice-President:
Daniel A. Seckler, Fayetteville
Board of Directors:
Sarah Jo Queen, Asheville
Fred M. Eckel, Chapel Hill
Larry S. Long, Greensboro
Bill Bradley, Raleigh
W. Darrell Estes, Raleigh

STOLEN RX BLANKS

Reported stolen are Rx blanks for Dr. David Allan Bobak, Duke University Medical Center. Pharmacists receiving prescriptions for controlled substances (especially Dilaudid) on these blanks should verify the RX by calling Dr. Bobak at 684-8111 (through February 1982) or 489-5729 (both area code 919).

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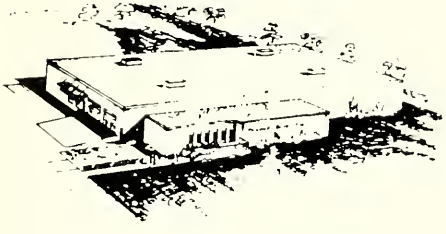

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ScRxipt

DEAN'S MESSAGE

A recent *Science* editorial put something to which I have given some thought for some time into words. The author, Nancy Gonzales, expressed my own personal thoughts most eloquently.

She begins, "Elitism has been out of fashion in America, but laudable though that may be in political and economic matters, in education we should remember the values espoused by leaders such as James Bryant Conant, who said, 'Each honest calling, each walk of life, has its own aristocracy based on excellence of performance.' " She goes on to say that in education, we have largely lost this 'elitism.' This is reflected by grade inflation and lower Scholastic Aptitude Test scores. Gonzales points out that the problem arises from our collective reluctance to evaluate performance, an attitude which discourages competition and achievement.

To Gonzales' observation, I must add that all too often we do fail to make critical evaluations. To make the type of evaluation of which Gonzales writes, it is necessary not only to be objective but have the knowledge base and the motivation to get our society back "on top of things."

TWO NEW FACULTY JOIN SCHOOL OF PHARMACY

Thomas F. Hughes (B.S., Rhode Island, '69) has recently joined the faculty of the Division of Pharmacy Practice as Clinical Assistant Professor. He also serves as Director of Pharmacy at North Carolina Memorial Hospital and is presently pursuing an MBA at the Fuqua School of Business at Duke University. He and his family moved to Chapel Hill in 1977 from Presque Isle, Maine when he accepted the position of Assistant Director of Pharmacy at NCMH.

Frances Powell Gaultieri (B.S., UNC, '73) has joined the faculty as Clinical Instructor of Pharmacy Practice. Except for a one-year position at the VA Hospital in Durham, NC, Frances has been with NCMH pharmacy since 1973. She currently is Assistant Director of Pharmacy Operations. She, too, is working on an MBA at Duke University's Fuqua School.

Tom and Frances, with Allen Rosman, Clinical Assistant Professor and Assistant Director of Education and Research at NCMH Pharmacy, work closely together in planning expansion of pharmacy services. They are planning to open an Operating Room satellite before March and are considering expansion to a pediatric satellite.

Frances Gualtieri and Tom Hughes, New Faculty Members

SCHOOL RECEIVES GRANT FROM MERCK FOUNDATION

The Merck Company Foundation of Merck & Co., Inc., has approved a two-year $25,000 grant to support the study and development of the Division of Pharmacy Practice at the UNC-CH School of Pharmacy. Recently, Merck presented a check for the first installment of $12,500 to Dean Miya.

Dean Miya commented at the presentation that "We are pleased that this leading pharmaceutical company is locating its prescription pharmaceutical facility in Wilson, North Carolina and that they express their interest in assisting the School of Pharmacy and its programs. Higher education programs all over the nation will require continued support from industry if they are to move ahead in the 80's. North Carolina is particularly fortunate that its environment is attractive to industry such as Merck."

In October Governor James B. Hunt participated in the ground-breaking on the new Merck plant. The new manufacturing division will be located on a 200-acre site in Wilson and will cost an estimated $35 million.

Dean Miya receives check from Robert J. Cain, Merck's Director of Trade Relations. (Back Row) Matt Emmens, District Manager; Joseph R. Westmoreland, (Class of '59) Region Manager; and Nat Gist, District Manager.

ASHP PRESIDENT SPEAKS TO PHARMACY STUDENTS

On October 23, American Society of Hospital Pharmacists President, Marianne Ivey spoke at the School of Pharmacy on the subject of "Clinical Pharmacy Trends in the 80's." Following are some selected comments from her presentation:

• *To me, today's practitioner needs to work toward defining clinical pharmacy as a mainstay—as the basis—of our practice. Clinical should soon no longer be necessary as an adjective describing a particular means of practice. There was a time when the word clinical served us very well; that was when the only image of pharmacy for a health planner, an administrator, or a policy making physician was that of the pharmacist that "moved pills from big bottles to little ones." To these decision makers, the word clinical was a new awakening. It should be understood—and accepted—that pharmacy cannot exist without a clinical component.*

• *The physician sees pharmacy as a multi-dimensional profession and as a true component of the health-care team. We must not ignore how significant this demonstration of our expertise is to our acceptance within the hospital. We need not compete for the physician's power base as primary-care provider.*

A word of warning: let's be careful not to abandon the uniqueness of pharmacy by redefining our profession in a way it was never meant to be. Let's retain our responsibility for drug product control because that is the unique factor distinguishing us from other health disciplines. That might well be our key *in recognition as a legitimate member of the health-care team.*

• *Unfortunately, it appears some practitioners have misinterpreted the intent of recent remarks on institutional pharmacy's role in ambulatory care and have expressed some concern we are attempting to usurp the "territorial limits" of the community practitioner. Nothing could be farther from the truth. We think there's a job for us all!*

"Encroachment" into another's territory or practice setting certainly never has been—or ever will be—our plan. We do believe institutional practitioners have a significant re-

sponsibility in ambulatory care, but not at the expense of another practice setting. Rather, we believe we all are working toward one common goal—quality health care services for our patients. To accomplish this, institutional and community practitioners need not be in conflict; the job is such a monumental one that it will take all of us working together to meet this objective.

Fred Eckel, Pharmacy Practice Chairman, speaks with Marianne Ivey after her presentation.

FORMER STUDENT ON GOVERNOR'S COMMISSION

Anita King Gause ('78), New Hanover Memorial Hospital Staff Pharmacist, has been interested in drug abuse and in mental health for years. She recently received an opportunity to put her professional knowledge to use for the people of North Carolina.

In September, Gause was appointed to the Governor's Commission on Mental Health, Mental Retardation and Substance Abuse Service. The commission will propose laws governing state-operated mental rehabilitation centers and centers for drug abuse. Gause will contribute to the process until her term expires in 1983.

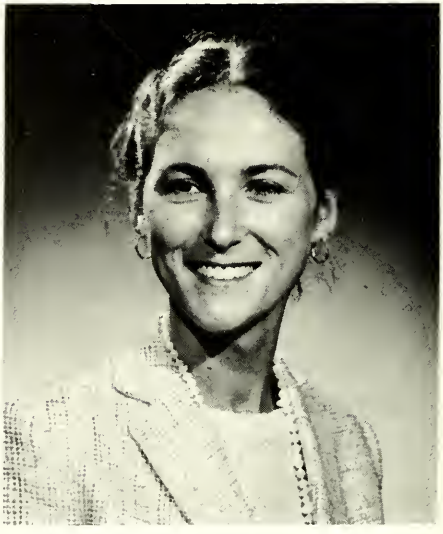
Although she has worked at the NHMH pharmacy for three years, Gause also has been involved with many outside activities including her positions as secretary of the New Hanover Pharmaceutical Society and as a trustee of the Cape Fear Substance Abuse Center.

Gause said she is very interested in studying drug dosages used in state mental health centers to see if the advantages of prescribed drugs are sometimes outweighed by harmful side effects:

"I've always been interested in drugs given to patients with mental problems. Mental illness is something that needs to be explored. There is too much connotation with mental illness and 'craziness,' " Gause said. "Mental health patients should not be looked upon as outcasts nor should they be drugged up to cope with the world."

Gause said she thinks her interest in drug abuse also will help her to be an effective commission member. She is concerned about the spread of drug abuse—especially among school children—and about how drug abuse can lead to mental illness.

Gause said her goal as a member of the fifteen member commission will be to learn more about how state mental health and drug abuse centers are operated so she can contribute to their progress.



Donna B. Umstead has been assigned to the Greenville territory for The Upjohn Company. She recently completed four weeks of training at The Upjohn Company Learning Center in Kalamazoo, Michigan. This is part of the ten week initial-phase training for all new Upjohn sales representatives. Donna is a graduate of East Carolina University.

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Pilot Life

The following article is the third in this year's series of papers selected for publication in Script from papers written by 3/5 students in Pharmacy 21, Drugs, the Pharmacist, and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy.

GENERIC DRUG SUBSTITUTION—A BRIEF OVERVIEW

by John P. Garrison, 3/5

With the advent of the consumer movement of the late 1960's and early 1970's came an attitude that the complete, unquestioning trust of patients toward health care professionals was outmoded. In the preceeding era, combining the newly-discovered "miracle drugs" with the traditional, personal attention formerly afforded to the patient was drowned in an ocean of complexity and swept away with the tides of social change of the "Vietnam Era." These tides contained currents of distrust of all established institutions, directed especially toward big business, with health care not above the tideline.

This distrust took on a new direction when coupled with recent sagging economic conditions. It was seized upon by the "watchdog media," ready to pounce upon potential pharmaceutical fiascos. On every legislative front, lobby groups allied to wage war on the rising cost of health care. The subject of generic substitution ("therapeutic equivalency," in professional circles) vaulted to the forefront after several years of complete neglect.

The antisubstitution statutes now popularly viewed as sinister to the critical eye of consumer activists have an honorable heritage. In the 1940's, numerous industrial chemical manufacturers and fly-by-night firms began grinding out inferior imitations of the new "wonder drugs." A few unprincipled pharmacists substituted these products for those originally prescribed, raking in substantial profits from unsuspecting customers. This practice led to a double-pronged counterattack: the reputable firms banded together with various professional organizations to pass antisubstitution legislation, in addition to the adopting of patented tablet and capsule shapes by the firms to prevent counterfeiting by the "pirate" firms.

This legislation, passed in the early 1950's, grew to be excessively restrictive, however. Substitution of competing, comparable products of legitimate quality was not allowed, even if the prescribed drug was locally unavailable. In some cases, even products of subsidiary firms were restricted from substitution. Such restriction provided momentum for its own repeal in the 1970's, with pharmaceutical manufacturers joining seemingly unlikely partners, the consumer advocates.

So, why all the controversy over generic substitution? Are the big drug companies seeking huge profits while slandering honest competition? Are generic products *really* inferior, and if so, by how much? Will generic substitution harm or help the consumer?

Consumer advocates quickly note that large firms desire to maintain high profits to support research and development (which is at best minimal among smaller firms). The large manufacturers point out that increased government regulation allows less time under patent protection for new products, since according to *Science* (Nov. 30, 1979), it now takes an average of 8 years for a new drug to be allowed on the market from the time it is patented. Thus, only 9 years remain under effective patent protection. The manufacturers also claim that fewer drugs are being presently discovered. Consequently, the large firms contend that their campaigns against generic substitution are legitimate, to insure survival of their research and development programs (not to slander or stifle competition as charged, since several produce their own "branded generic" drugs) in the consideration of these unique burdens.

The standards that the FDA places upon generic drugs, according to Dr. Allan J. Ryan (*Postgrad. Med.*, May, 1978) seem to be that if the weights and solubilities of drugs are comparable, then they are therapeutically equivalent. The Pharmaceutical Manufacturers Association (PMA) claims these standards to be minimal and overly simple. The PMA thus raises questions regarding possi-

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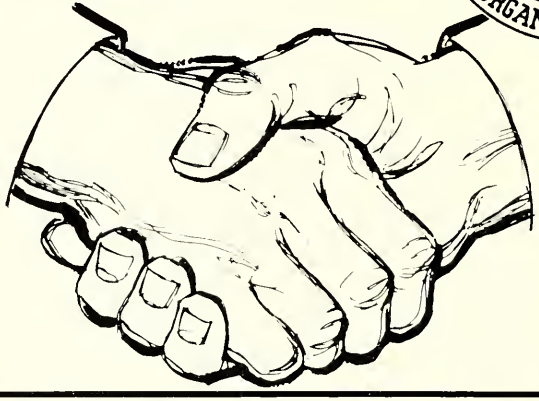

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ble questions regarding possible contaminants and untested "inert" ingredients being present in generics.

The question of consumer savings has remained somewhat unsettled. Dr. Louis Lasagna (*JAMA,* May 5, 1978) has stated that drug costs reflect only 10% of the national health bill. Joan Welsh (*Am. Pharm.,* September, 1979) has quoted a 1977 study in Florida which reported a one-third reduction in prescription costs to consumers using generic substitutes, in addition to reductions in pharmacists' acquisition costs, which were also passed on the consumers. The figures Walsh has used refer to new prescriptions only, however, and of over one-third of the drugs investigated for which substitution was allowed, only 6% were actually being substituted. Consumer advocates suggest that large firms raise the prices of their newer, patented products not presently competing with generics, to maintain the profits deemed necessary, rather than label generic products unreliable. Manufacturers reject this plan, stating that the market is already tight for new products.

The issues involved are more complex than perhaps most consumers realize. Of course, one should not choose a tetracycline product as casually as one does canned peas, for example. An inexpensive drug that does not work properly—if at all—is no bargain. The best course of action for the pharmacist then, is to inform his patients of both merits and potential hazards involved in generic substitution. Such action calls for being well-informed of the properties of the products dispensed, putting some thought into the legal and ethical considerations involved, and most importantly, being accessible to the patient for individual counseling.

In any case, everyone should benefit from the new professional climate of increased public awareness. The consumer will be able to make more informal, intelligent choices. Increased patient-pharmacist contact will provide a more personally rewarding career, as well as going a long way towards improving public perception of the profession. The profession, then, will have its well-deserved trust restored, if not heightened by this new perception.

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Welsh, Joan S. Drug Product Selection in Florida—All It Could Be? Am Pharm 1979 Sept. 19; (1): 12-3.

Johnson, Virginia Bates. Drug Product Selection Through the Decades. Am Pharm 1980 Oct. (20): 20-4.

WITH THE FACULTY

A. W. PITTMAN, Assistant Professor of Pharmacy in the Division of Pharmacy Practice, co-authored with James W. Woods (of the School of Medicine) a paper entitled "Increased Sodium-Lithium Countertransport in Red Cells of Teenage Sons of Parents With Essential Hypertension." The paper was presented at the American Heart Association meeting in Dallas, Texas on November 16-19.

RALPH RAASCH presented a two-hour seminar on Parenteral Nutrition as part of the Area Health Education Center's Continuing Education Program. Dr. Raasch gave his presentation to the Mountain AHEC meeting in Asheville, NC on November 12. Dr. Raasch also presented an update about various nutritional topics to doctors, pharmacists and dietitians at the Bristol-Myers Nutrition Symposium in Washington, D. C. on November 9-10.

BETTY DENNIS, Assistant Professor in the Division of Pharmacy Practice spoke to the Davidson County Dental Society in Lexington, N. C. on November 5, 1981 on the subject of "Drug Therapy in Dentistry."

Members of the Medicinal Chemistry Division presented five papers at the 31st American Pharmaceutical Association Annual Convention in Orlando Florida. The papers were entitled "The Antihyperlipidemic Activ-

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1. Data on file, Medical Department, Lederle Laboratories.

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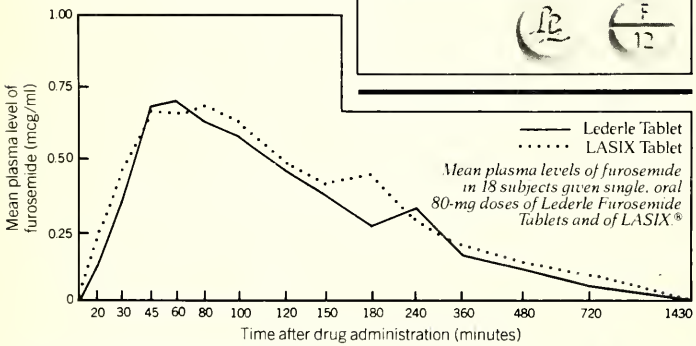

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Please see brief summary on preceding page.

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ity of Some Structural Analogues of Phthalimide," "Antihyperlipidemic Activity of Cyclic Imides and O-Benzoic Sulfimides," "Genkwadaphnin and Gnidilatidin, Antileukemic Agents Isolated from Daphne Genkwa: Mode of Action," "Mode of Action of the Antileukemic Agents Helenalin and Bishelanalinyl Malonate," and "Effects of Cis-Diamminedichloroplatinum (II) on DNA Synthesis in P-388 Lymphocytic Leukemia Cells." Faculty members IRIS HALL and GEORGE COCOLAS contributed to the first and second papers, IRIS HALL and K. H. LEE contributed to the third and fourth papers, and IRIS HALL contributed to the fifth.

DR. KUO-HSIUNG LEE of the Department of Medicinal Chemistry has been selected for inclusion in the 3rd Annual Edition of Who's Who in Technology Today. KUO-HSIUNG LEE and IRIS H. HALL published a paper entitled "Antitumor Agents. 39. Bruceantinoside-A and -B, Novel Antileukemic Quassinoid Glucosides From BRUCEA ANTIDYSENTERICA" in the Journal of Natural Products, Vol. 44, Number 4, July-August 1981.

GEORGE COCOLAS, Professor and Chairman of the Division of Medicinal Chemistry attended a leadership retreat for officers and staff of the American Association of College of Pharmacy in Warrenton, Virginia. Dr. Cocolas is Editor of the American Journal of Pharmaceutical Education published by AACP.

ABRAHAM HARTZEMA, Assistant Professor in the Division of Pharmacy Administration published a paper entitled "Discriminating High and Low Prescribers in An H.M.O." in the Journal of Health Care Marketing, Volume 1, Number 4.

SYLVA

A local man was arrested and charged with forging prescriptions for controlled drugs. The prescriptions were written for Placidyl and Tylox, according to police.

DESI DRUGS AND NDA's

A Bulletin from FDA

We continue to receive a considerable number of inquiries from community and hospital pharmacists, State Boards of Pharmacy, purchasing agents, and others which suggest that there exists a noteworthy degree of misunderstanding about the status of certain single-entity and combination drug products which have yet unresolved questions of effectiveness under FDA's Drug Efficacy Study Implementation (DESI) program. In addition, we find there is a good deal of confusion regarding the significance of an NDA (New Drug Application) or ANDA (Abbreviated NDA) number assigned to a specific product by the FDA and the NDC (National Drug Code) number.

First, we should point out that NDA or ANDA numbers are generally assigned by the FDA upon *receipt* of a submission, for reference purposes only, and do not imply approval. Therefore, confirmation of the existence of an NDA/ANDA number is no assurance that the product has been approved. Inquiries to the FDA or product sponsors should specifically question the approval status, not the assignment of a number. Likewise, there have been questions regarding a product's NDC number and its significance. An NDC number only identifies the product and firm, but again, and this must be emphasized, it has nothing whatever to do with approval of the product.

The second issue concerns the status of certain DESI products and an apparently growing degree of erroneous information that is circulating in the professional community. The type of inquiries we receive suggests that the most frequently misunderstood product is the chlorzoxazone-acetaminophen combination, yet its status reflects that of several other products for which the effectiveness is in question. The DESI drugs, which include chlorzoxazone-acetaminophen (specifically Parafon Forte), are those originally approved for marketing by the FDA between the years 1938 and 1962.

New provisions to our laws, passed in 1963, added the demonstration of effectiveness to our approval criteria. The 1938-62 products (including Parafon Forte) were approved *only* for safety, not for effectiveness. Therefore, under the DESI program, these products are now being valuated for efficacy. Once the ef-

(Continued on Page 33)

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fectiveness issues and/or other matters are resolved, an ANDA may be approved for DESI products. However, provisions in the administrative practices and procedures are time consuming and have delayed resolution of many of these issues.

It is FDA's policy that Abbreviated New Drug Applications (ANDAs) for products pending final determination of effectiveness will not be accepted for review, unless such a provision or requirement is published in the FEDERAL REGISTER (FR). It is also our policy that until a final determination of effectiveness is published specifying the conditions for marketing, firms may continue to market these products *without* FDA approval on their own responsibility. For example, Parafon Forte (chlorzoxazone-acetaminophen) has been classified under the DESI review as "probably effective." This indicates that the product has not been determined to be fully effective and the classification has not yet been finalized or a FR notice published. Until that time, we have deferred regulatory action on that product and other chlorzoxazone-acetaminophen combinations currently on the market. We are advising that those marketing "Parafon Forte generic substitutes" (AND OTHER UNAPPROVED VERSIONS OF DESI drugs) do so on their own responsibility because we can neither comment on the quality aspects of the product nor guarantee that we will not seek regulatory action at some point in time. We are aware that states vary in positions on these products, therefore, we strongly encourage pharmacists and other professionals who dispense, use and purchase them (or otherwise have a need to know), to consult with their individual state authorities to determine their positions regarding these products.

We would appreciate it if you would give this information the greatest possible circulation among your memberships and patrons. We believe it should help to resolve some uncertainties in the professional community.

Should any questions arise, we will be pleased to provide whatever information is needed. We can be contacted at (301) 443-1016.

Sincerely yours,
Ross S. Laderman, Director
Consumer and Professional Relations Staff
Bureau of Drugs (HFD-5)
Food and Drug Administration

DRUG SHARE OF NATIONAL HEALTH EXPEDITURES CONTINUE TO DECLINE

Drugs and medical sundries continue to decline as a factor in health care costs, both for the private citizen and the government, new statistics from the Health Care Financing Administration show.

A study of national health expenditures for 1980, published in the latest HCFA "Health Care Financing Review," shows that "Drugs and Medical Sundries" took 7.8% or $19.2 billion of the $247 billion health expenditures in the US last year. (Prescription drugs are approximately 60-65% of the "drugs and sundries" category.) Drugs and sundries accounted for 12.4% of the private sector's health costs (out-of-pocket and insurance) and 1.5% of public (state, federal and local) health costs.

In 1979, drugs and sundries represented 8% of US health expenditures; 12.7% of the private health care dollar and 1.6% of the public expenditures.

These items have also been taking less of the Medicaid dollar: 5.3% in 1980, 5.6% in 1979.

On a dollar per capita basis, drugs and sundries cost $83.00 last year, compared to $75.03 in 1979. Of this, the private sector paid $76.28; the consumer paid $68.63 directly. Public sources paid $6.72, of which the federal government paid $3.36 and state and local governments paid an equal amount. In 1979, the total bill was $75.03, of which the private sector paid $67.90; the consumer directly, $62.11. The public sector contributed $6.13, half of which was borne by the federal government, the other half by state and local governments.

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Billie E. Shelley

Frank H. Milstead

J. M. Smith Corporation, (formerly Smith Drug Company) announces the appointment of Billie E. Shelley as President of its Smith Drug Company Division, with Frank H. Milstead as Vice President—Sales. James M. Smith, Jr. remains as Chairman and Chief Executive Officer.

Commenting on the recent changes, Chairman Smith stated that the appointments recognize the responsibilities currently held by each of the individuals named.

Smith Drug Company, as a distributor of pharmaceuticals and services to the health care community, is continually working to improve efficiency and quality. Recent trends show that drug wholesalers can play an important part in helping to contain medical costs.

Update of FDA's Drug List

FDA has recently updated and published its list of *Approved Prescription Drug Products with Therapeutic Equivalence Evaluations*. This second edition, which includes monthly cumulative supplements, will continue to list currently marketed prescription drug products which have been approved for both safety and effectiveness by the Agency (See May-July 1978 *Drug Bulletin*).

Products are listed by generic name, trade name, and generally by the name of the applicant of the Approved New Drug Application rather than the distributor. The publication also contains therapeutic equivalence evaluations for multiple source drug products. FDA expects this list to be of value primarily to State agencies that advise pharmacists with respect to drug product substitution, to large purchasers of drugs such as hospital pharmacies and certain State governments, and to pharmacists. Purchasers can refer to the list for verification of the approved source of a drug product, and may contact a distributor if the identity of the approved source is not on the list.

Copies of this drug list can be requested, by title, from the Superintendent of Documents, GPO, Washington, DC 20402 at a yearly subscription fee of $45 ($56.25 for foreign subscription, including Canada).

BIOAVAILABILITY PROBLEM WITH CHLOROTHIAZIDE

Recent studies show that the bioavailability of chlorothiazide is limited and is not proportional to the dose administered. The result is that a 500 mg dose, given as a single tablet or as two 250 mg tablets, does not deliver more drug to the systemic circulation than a 250 mg dose.

Therefore, FDA has asked all current manufacturers of chlorothiazide, and chlorothiazide in combination with methyldopa or reserpine, to withdraw voluntarily the 500 mg dosage strength preparations from the market.

The Agency has asked that manufacturers add a statement about the limited bioavailability to the labeling of chlorothiazide and advise, in the labeling, that greater diuresis can be achieved by giving additional 250 mg doses every 6-12 hours, rather than exceeding the 250 mg dose at one time.

Studies supported by FDA and corroborated by one manufacturer have shown that dosage of normal volunteers with a single 500 mg tablet, two 250 mg tablets, or a single 250 mg tablet results in similar drug absorption (about 50 mg) and equivalent diuresis. About 50 mg of the drug was excreted in the urine regardless of the dose administered. Because a similar amount of drug was found in the urine after administration of 125 mg chlorothiazide in solution, the optimal dosage may be less than 250 mg. To define further the optimal dosage, FDA is encouraging dose response and dose blood level studies of tablets ranging from 50 to 250 mg.

July FDA Drug Bulletin

PHARMACIST DESIRES POSITION

In Central or Western North Carolina. Experienced. References furnished on request. Contact Box KW, NCPhA.

Desires to relocate. Carolina Trace. Semi-retiring from own store for 40-hour week within 30 miles radius of Sanford. Fringe benefits not necessary. Contact John B. McCurry, 234 Crestview Drive, Elyria, OH 44035.

Nanette H. Brock has been assigned to the Burlington territory for The Upjohn Company. She recently completed four weeks of training at The Upjohn Company Learning Center in Kalamazoo, Michigan. This is part of the ten week initial-phase training for all new Upjohn sales representatives. Nan is a graduate of Clemson University.

RELIEF PHARMACIST AVAILABLE

Pharmacist for relief work in Raleigh-Durham area available. Contact Sarah Pegram Pearson (919) 362-0737.

Relief pharmacist available for Jacksonville-Wilmington area. Contact Vann Kenerly, P. O. Box 531, Surf City 28445.

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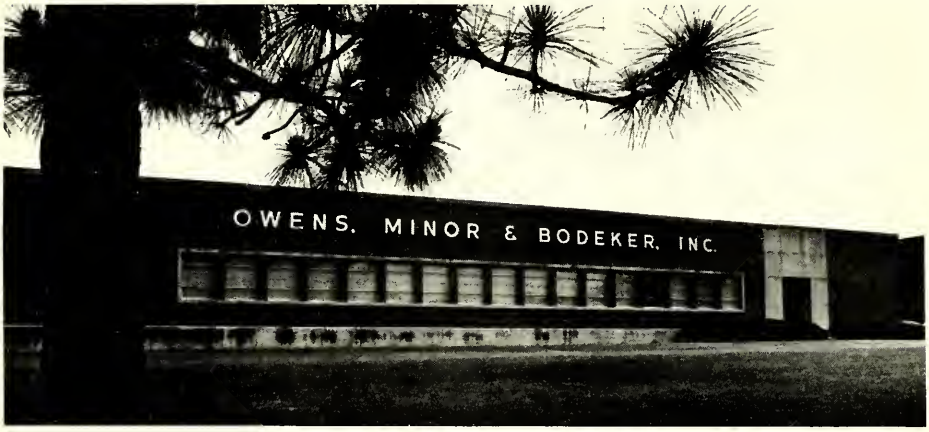

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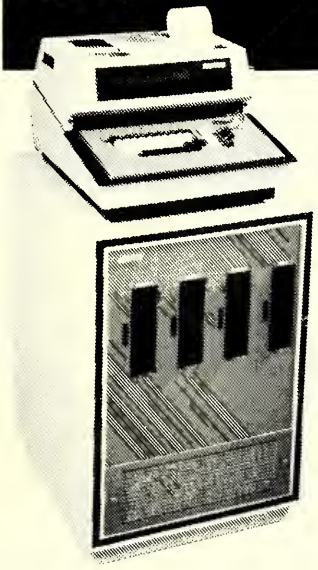

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